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CHILDREN, YOUTH, AND FAMILIES: 1983
A YEAR-END REPORT

ON THE ACTIVITIES

OF THE

SELECT COMMITTEE ON CHILDREN, YOUTH, AND FAMILIES

U.S. HOUSE OF REPRESENTATIVES

NINETY-EIGHTH CONGRESS

SECOND SESSION

WITH MINORITY VIEWS

AND

ADDITIONAL VIEWS

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LETTER OF TRANSMITTAL

U.S. House of Representatives,
Select Committee on Children, Youth, and Families,
Washington, DC, December 28, 1984.

Hon. Benjamin J. Guthrie,
Clerk, House of Representatives,
Washington, DC.

Dear Mr. Guthrie: We are pleased to transmit the enclosed reports entitled "Children, Youth, and Families: 1983, A Year-End Report," and "Families and Child Care: Improving The Options."

These reports, which are transmitted in accordance with Section 6(a) of House Resolution 16, summarize some of the major findings of the Committee during the 98th Congress. In addition, the child care report, which culminates a year-long bipartisan national initiative on child care policy, makes specific policy recommendations.

These reports will be followed in January by another document entitled, "Activities Report for the Year 1984 of the Select Committee on Children, Youth, and Families, 98th Congress, Second Session."

Respectfully submitted.

Sincerely,

George Miller,
Chairman, Select Committee on Children,
Youth, and Families.

Enclosures.

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FOREWORD

This report contains the findings of the Select Committee on Children, Youth, and Families' first year.[1]

Primarily an assessment of current conditions among America's children, youth and families, and relevant public and private sector policies, it also contains many examples of how families and communities are responding successfully to the challenges before them. These examples establish that we as a nation have the knowledge, the skills and the resources to improve the lives of children and families—if we also have the will.

While the report does not review all available information regarding children, youth and families, it does synthesize the testimony of the more than 170 expert witnesses who have appeared before our Task Forces on Prevention Strategies, Crisis Intervention, and Economic Security, as well as before the full Committee in Washington, D.C. and regional hearings.[2] As often as possible, we have used the spoken words of our witnesses. We have also incorporated into our analysis information from Committee site visits [3] and reports issued by the Select Committee during its initial year.[4]

This has been primarily a fact-finding year for the Committee. In the course of our investigations, it has come to light that wide gaps exist in our information base. There are, for example, little systematic national data on child abuse and family violence; national data on the costs of child care are also unavailable.

For purposes of analysis our data have been separated into categories—children, youth and families. This report uses a developmental approach. In fact, all the issues we address are complex and interrelated. We are particuarly aware, for instance, that a family's economic security may enhance a child's development, just as a child's developmental hurdles may disrupt a family's harmonious functioning.

In the process of our fact-finding, we have been convinced that the scope and speed of recent social and economic change are of a magnitude unprecedented in our lifetime.

The social forces include fundamental change in our society: change in the workplace, in family structure, and in the economy. The single parent family is a permanent part of American life. So, too, is women's participation in the labor force. The very nature of family life—how we raise our children, how we prepare youth for adulthood, and how we care for our elders—has changed as a result.

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[1] See Appendix V for Mandate and Legislative History of the Select Committee on Children, Youth, and Families.

[2] See Appendix II for list of hearings and Appendix IV for list of witnesses.

[3] See Appendix III for list of site visits.

[4] "U.S. Children And Their Families: Current Conditions and Recent Trends"; "Federal Programs Affecting Children"; and "Demographic and Social Trends: Implications for Federal Support of Dependent-Care Services for Children and the Elderly."

Economic forces, including unemployment, recession, and in the case of low-income families, cutbacks in support programs, have also had a dramatic impact on families, as evidenced by enormous increases in homelessness, hunger, family violence, and, in selected communities, infant mortality. Even if these grievous symptoms of family stress recede, poverty, still one of the greatest predictors of risk, is on the rise. As one of America's leading social scientists, testifying at our first hearing, said, "Perhaps the single most important fact about American families and children is that poverty is increasing, holding in its grip families who have been poor for some time, and adding new families each year, many never having dreamt that this might be their lot."

Families from all socio-economic levels are being affected by both social and economic forces, and all may need to readjust their goals as a result. Many of the basic hopes parents have traditionally held for their children—better health, better training, and a better standard of living—will be weighed ever more carefully against their financial capacity to attain them.

The assessment which follows is not always cheerful. Our evidence strongly suggests that there are greater pressures on our children, youth and families now than at any time in recent decades.

But neither is it without hope. Our witnesses have also presented numerous examples of successful approaches to reducing these pressures and their harmful consequences:

—In St. Paul, Minnesota and 13 urban and rural counties in California, prenatal care and education programs have substantially reduced the rate of teen pregnancy and the number of babies born with low birth weight, a major cause of infant mortality and birth defects;

—In Salt Lake City, treatment programs for pre-school children with behavior problems have allowed 85% of these children to participate in regular classrooms;

—In New Haven, preventive interventions for low-income parents *and* their children with a history of family problems have reduced by 50% the need for special services among the children treated; and

—In Camden, New Jersey, comprehensive alternative programs for youthful offenders have helped 80% find private employment, 70% achieve their high school equivalency degree.

This is just a sampling of the many public—federal, state, and local—and private initiatives which have shown positive results. We know these successes can be replicated on a wider scale, especially with joint efforts by the public and private sectors. Our witnesses made it clear, however, that the private sector cannot assume the responsibility alone.

It has not been the Committee's goal this year, or in this report, to suggest specific policy alternatives. But there is no question that more imaginative and efficient uses of current resources are essential to achieve any of the known successes on a broader scale.

In short, our record indicates that much of the suffering experienced by American children and their families is preventable. We believe the knowledge already exists to eliminate many of the life-threatening risks faced by millions of children and to save tens-of-millions of dollars in future costs.

Therein lies the enormity of the challenge before us. Whatever we may think of the economic and social changes, we can be certain that they will profoundly affect all our children. How we as public officials and private individuals respond to caring for and educating our infants and children, to guiding and training our youth, to supporting our families, will determine their future, and in so doing, the future of our country.

GEORGE MILLER, Chairman
WILLIAM LEHMAN.
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MATTHEW F. MCHUGH.
JERRY M. PATTERSON.
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J. ROY ROWLAND.
GERRY SIKORSKI.
ALAN WHEAT.

COMMITTEE FINDINGS

Demographic Changes Alter Families

Today's children are being raised in conditions far different than those of past generations. Women now comprise 44% of the workforce, and over 50% of all children are now raised in families where both parents, or the only parent present, works. Twenty-two percent of all U.S. children now live in single parent families, and 1 out of 3 white children and 3 out of 4 black children can expect to spend some of their childhood in a single parent household. These changes in the workplace and in family composition have developed over many years and show every sign of continuing for the foreseeable future.

Economic Changes Erode Families' Security

A combination of recession, unemployment and changed budget priorities has shaken the economic stability of American families. Collectively, American families lost $171 billion in income between 1980–1982, an average of over $2,000 per family, with low-income and minority families suffering disproportionately high losses. The number of poor children increased by 2,000,000 between 1980–1982. Today, 1 out of 5 children, and 1 out of 2 black children, live in poverty.

Overcoming Early Risks: The Elements Are Known

The development of an infant's brain, its intellectual growth, and its resistance to disease and psychological impairment are the prerequisites to a healthy adulthood. Unfortunately, due to a lack of prenatal care and adequate nutrition, or poor living conditions, tens-of-thousands of infants are born at risk of not achieving these necessary building blocks. Reaching their full potential is consequently made dramatically more difficult.

Fortunately, most all of these impediments are *totally* preventable. For example, comprehensive prenatal care, including nutrition supplements, clearly reduces the numbers of infants born at risk from low birth weight; quality preschool education has been proven effective in enhancing academic achievement; and well-tailored interventions in "multi-risk" families have broken cycles of emotional problems sometimes spanning generations.

If the trend of the past several years in reducing the federal commitment to prevention is not reversed, we can expect higher levels of infant mortality and morbidity, more teen pregnancy, lowered learning levels among disadvantaged children, and higher school drop-out rates. The net results will be increased long-range costs for families and for federal, state and local government.

Shaky Foundations for Minorities

The infant mortality rate for black infants is twice that for white infants, and the gap between the two is widening. Ten thousand black infants will die this year within their first year of life. Black women remain twice as likely to receive inadequate prenatal care and, not surprisingly, disproportionately more black infants are born with low birth weight.

The disadvantages continue throughout the lives of minority children. In many states and communities, black and Hispanic students are twice as likely to drop out of high school than are white students. Minority students are also over-represented in rates of suspension, expulsion and non-promotion. This over-representation of minorities continues into the juvenile justice system.

In adulthood, the disparities continue. In 1982, the median income for white families was $24,603, compared to $13,598 for black families and $16,227 for families of Spanish origin. Among black and Hispanic families headed by women, 70% of all children are growing up poor.

Shift in Women's Workforce Participation Not Met By Adequate Child Care Policies

Women have become critical providers of economic security for families. One in five households is headed by women, and one-half of all women with children under 5 now work. Yet working women and their children continue to face economic hardship due to low or non-existent child support payments, low wages, and, in the case of low-income mothers, unrealistically low AFDC payments.

Although adequate child care remains unaffordable or unavailable for many, there are no adequate public or private initiatives underway. Continued inattention to appropriate child care policies will compound the already strained financial and emotional circumstances of millions of families, as well as place increasing numbers of children at risk of inadequate or non-existent supervision.

Family Violence and Child Abuse Are on the Rise

Reports of family violence, especially child abuse, have risen at an unprecedented and alarming rate in the last two years. The number of abused adults served by Catholic Charities rose nearly 50%, with several states reporting greater increases. The rise in reported child abuse is even greater, with some states reporting increases over 100%. The most dramatic increases have come in reports of child sexual abuse.

Prevention and treatment services for abused children and their families are inadequate to meet the need. Persistent nonresponsiveness to abusing families and their children can cause multiple problems over time, as children who are victims of abuse too often themselves begin a cycle of troubled behavior.

Youth: Progress In Some Areas, Problems In Others

Some of the drug and alcohol problems of youth have declined since the 1970's, due to both public and private initiatives. However, many serious problems remain. Suicides have tripled since the 1950's; increases in youth running away or being "pushed out" of their homes have increased nationwide; education, training and juvenile justice systems continue to disappoint many; and, one-half million adolescents give birth each year.

I. CURRENT CONDITIONS

SECTION 1. CHILDREN

CHAPTER 1: CHILDREN AT THE BEGINNING OF LIFE: AN ASSESSMENT

Infant Mortality in the U.S.

The national data reveal an apparent decline in infant mortality. The picture is quite different in selected cities and states, especially in minority and low-income communities, where the literal survival of infants is still an issue.

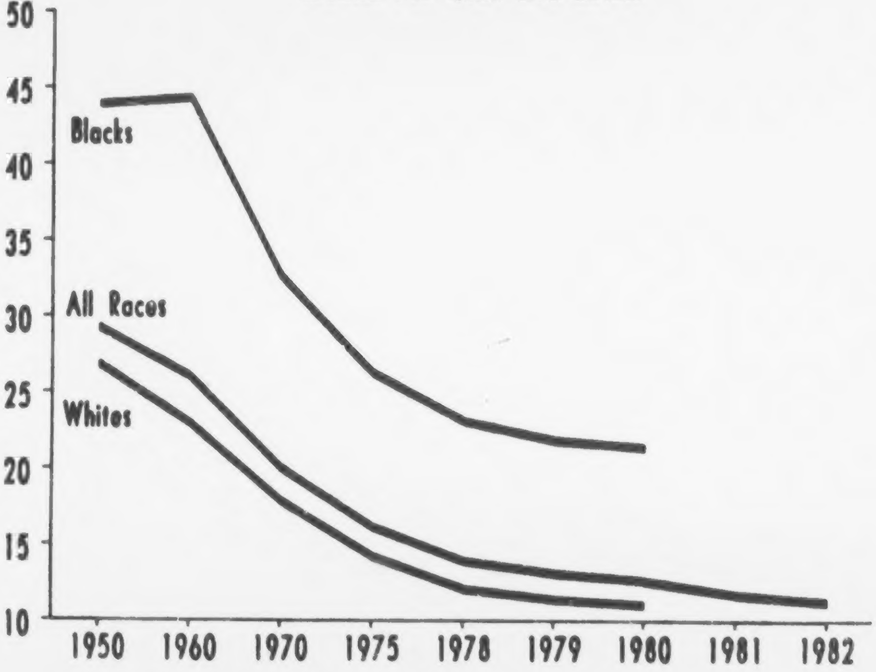
The Committee has learned a great deal about infant mortality. Dr. T. Berry Brazelton, Chief of the Child Development Unit, Children's Hospital, Boston, indicated that in 1980 the rate was 12.8 infant deaths (death in the first year of life) per 1000 live births, representing a significant improvement from the 1960 rate, which was 26 per 1000 live births. Dr. Edward N. Brandt, Assistant Secretary of Health, Department of Health and Human Services, later provided provisional data for 1982 which shows a drop to 11.2 per 1000 live births. Brandt suggested that, "We are well on our way to achieving our goal set forth in HEALTHY PEOPLE, (the report of the Surgeon General) and at the current rate we will easily pass that goal of nine deaths per 1000 live births well before 1990."

There is less reason for optimism when the data for minority or low-income communities are examined. Brandt told the Committee that the national rate for black infants (21.4/1000 live births) is almost twice that for white infants (11.0/1000 live births). (See Chart A and Table 1) Angela Blackwell, an attorney with Public Advocates of San Francisco, indicated that the gap between infant mortality rates among black and white infants is, in fact, widening. In 1950, the infant mortality rate (IMR) in the black community was 64 percent higher than the IMR in the white community. By 1980, this differential had increased to an IMR in the black community that was 94.6 percent higher than the rate in the white community.

CHART A

Infant Mortality

(Deaths Per 1,000 Live Births)



Note: The infant mortality rate is the number of deaths of children under age 1 per 1,000 live births.

(Data by race not available for 1981 or 1982)

Source: See table 1, p. 130.

Public Advocates, in conjunction with researchers at the University of California (Berkeley), School of Public Health, conducted their own survey of infant mortality and low birth weight rates in 45 cities across the country. The data for 1978–1981 show a widening gap between the black and white survival rates comparable with the national data reported by Brandt.

Lois Salisbury, also with Public Advocates, expressed her concern with regard to the progress made toward reaching 1990 minority infant mortality goals set by the U.S. Surgeon General, which for all racial and ethic groups is 12 deaths per 1000 live births. She said, "Even if we accepted the higher minority mortality goal that, in recognition of the tremendous gap between black and white infant mortality rates, the Surgeon General recommended, the black population is only 56 percent toward its goal versus 82 percent for the white population."

In fact, while overall infant mortality rates appear to be declining, close examination of data collected by Public Advocates indicates that IMR may be on the rise for both blacks and whites in certain low-income communities. Between 1980 and 1981 there were increases in the black IMR's in 51 percent of the 45 cities surveyed. There were also increases in the white IMR's in 37 percent of the cities studied for these same years. Whether these reversals are specific to those cities surveyed, or a harbinger of a national trend will be apparent when detailed analyses of federal IMR statistics for 1981–1983 are published.

The Committee also learned that infant mortality in certain states and cities remains well above national averages. At the first regional hearing in New York City, Dr. Donna O'Hare, Project Director of the Maternal and Infant Care—Family Planning Projects of the Medical Health Research Association of New York City, Inc., compared the provisional national IMR for 1982 of 11.2/1000 live births with the overall rate for New York State, which was 12.1/1000 live births and New York City, which was 15.3. Still more striking, five districts in New York City had IMR's of 20.0/1000 live births or higher in 1982:

> The important factor that does not receive adequate attention is the magnitude of infants affected; a rate of 15.3/1000 live births in New York City represents an alarming figure of 1,706 infant deaths. Although this is an improvement from an average of 19.9 infant deaths per 1000 live births in the early 70's, we still have an enormous gap to catch up with the rest of the nation. (O'Hare)

Witnesses in St. Paul, Minnesota told the Committee that in 1982, the overall infant mortality rate in Minnesota was 9.4/1000 live births, an impressive gain from the IMR of over 100/1000 live births in 1900. Yet according to Dr. Edward Ehlinger, Director of Personal Health Services in the Minneapolis Health Department, the IMR for blacks and Native Americans over the three year period 1979–81 was over 23/1000 live births, or two and one half times that for whites in Minneapolis. This represents an improved IMR for whites of 50 percent over the previous ten years, while the rates for blacks and Native Americans remained virtually unchanged. In low-income neighborhoods in Minneapolis the IMR is twice that for more affluent neighborhoods. Also, in the Midwest, Agnes Mary Mansour, Director of the Michigan Department of Social Services, provided startling evidence of the extent of infant mortality in Michigan. "Infant mortality in Michigan now stands at 13.2 percent and in our center cities it is 18.2 percent. One census area in the city of Detroit had a death rate at the level reported for Honduras, the poorest country in Central America."

Dr. Peter van Dyck, Director of the Family Services Division of the Utah Department of Health, told the Committee that in Utah, where the birth rate is the highest in the nation and the overall infant death rate has traditionally been low, the infant death rate actually went up from 9.8 per 1000 live births in 1981 to 11.0 per 1000 live births in 1982. Moreover, some health districts within the state of Utah have mortality rates significantly higher than the state's overall rate. There was a 186 percent change in the IMR in one county in Utah between 1980 and 1982 where the IMR increased from 5.0/1000 live births in 1980 to 14.3/1000 in 1982.

The state-wide infant mortality rate in Indiana declined from 11.7/1000 live births in 1981 to 11.3/1000 in 1982. However, infant mortality rates in large cities such as Indianapolis have risen, from 11.87/1000 in 1977 to 14.83/1000 in 1981.

In Santa Ana, California, similar statistics were provided by Celeste Kaplan on behalf of the United Way of Los Angeles:

> While the infant mortality rates have declined in California and Los Angeles (1960–70–80 trends), Los Angeles continued to have a higher IMR in virtually all ethnic groups than elsewhere in the state. Moreover, the rate for black infants, is twice that for white and Hispanic infants. In 1982, the infant death rate was 10.87 per 1000 for all babies in California and 12.14 in Los Angeles. For black babies, it was 19.66 in the state and 21.49 for Los Angeles.

Infant Mortality and Low Birth Weight

There is a strong correlation between low birth weight and infant mortality. Although many ways to reduce low-birth weight are widely known, the numbers of low birth weight babies are increasing in many communities.

Of all infant deaths, about two-thirds occur in those weighing less than 5.5 pounds. Dr. van Dyck indicated that infants below this weight, the threshold for determining a low birth weight infant, are about twenty times as likely to die within the first year of life.

Dr. Frank Falkner, Professor and Chairman of the Maternal and Child Health Programs, School of Public Health, University of California, Berkeley, clarified what is meant by low birth weight. The international agreement is to classify any infant born alive weighing 2500 grams or less as an infant of low birth weight.

According to Falkner, there are two different kinds of infants of low birth weight. There is the truly pre-term infant, the infant born before forty weeks and therefore of low birth weight. There is also the small-for-gestational-age infant (SFGAI), the infant born too small, although he or she is a full term baby. Rather than a premature delivery, the major cause of SFGAI is malnutrition of the fetus and/or the mother, making the condition clearly preventable. In terms of outcomes for these two kinds of infants, Falkner said:

> There are those who do catch up and do well, and those who do not. . . . By reducing the incidence of prematurity and indeed reducing the incidence of small-for-gestational-age infants, we, of course, will reduce the infant mortality rate by lessening the number of infants of low birth weight which are at such great risk.

In 1978, 7.1 percent of all infants born in the United States were low birth weight. In 1980, the percentage of low birth weight infants had declined slightly to 6.8 percent of the 3.6 million live births. Drawing upon Public Advocate's nationwide survey, Blackwell estimated that 10,000 black babies die each year, and 65,000 more are low birth weight and thus begin life in very adverse circumstances. "Low birth weight is widely recognized as the primary contributing factor to the relatively high U.S. infant mortality rate, and to the racial infant death gap . . . of the 32 cities which maintain LBW data, 47 percent showed an increase in their rate for blacks from 1980 to 1981."

Witnesses at regional hearings repeatedly raised the issue of low birth weight, describing the extent of the problem in their home states. There were 10,000 LBW infants born in Florida in 1982. In Utah, the LBW rate was 60.17 per 1000 live births for 1979–1981, only a slight improvement over the rate of 62.1 per 1000 live births in 1976–78. Low birth weight rates in Indiana have continued to rise since 1978 from 59.5 per 1000 live births to 63 per 1000 live births in 1982.

Infant death is an extreme consequence of low birth weight. Infants born too early or too small may suffer other frailties and permanently disabling conditions. According to Angela Blackwell, low birth weight, while most often associated with infant mortality in the first 28 days of life, is also associated with increased occurrence of mental retardation, learning disabilities, birth defects, blindness, autism, cerebral palsy, epilepsy, growth problems, visual and hearing defects, delayed speech, and chronic lung problems.

Barriers to Healthy Beginnings

What are the causes of low birth weight? A range of factors associated with low birth weight were discussed at several of the Committee's hearings. These factors include: (1) lack of prenatal care due to limited access or underutilization of medical services; (2) poor nutrition; (3) smoking, alcohol and drug abuse; (4) maternal age; and (5) social and economic background.

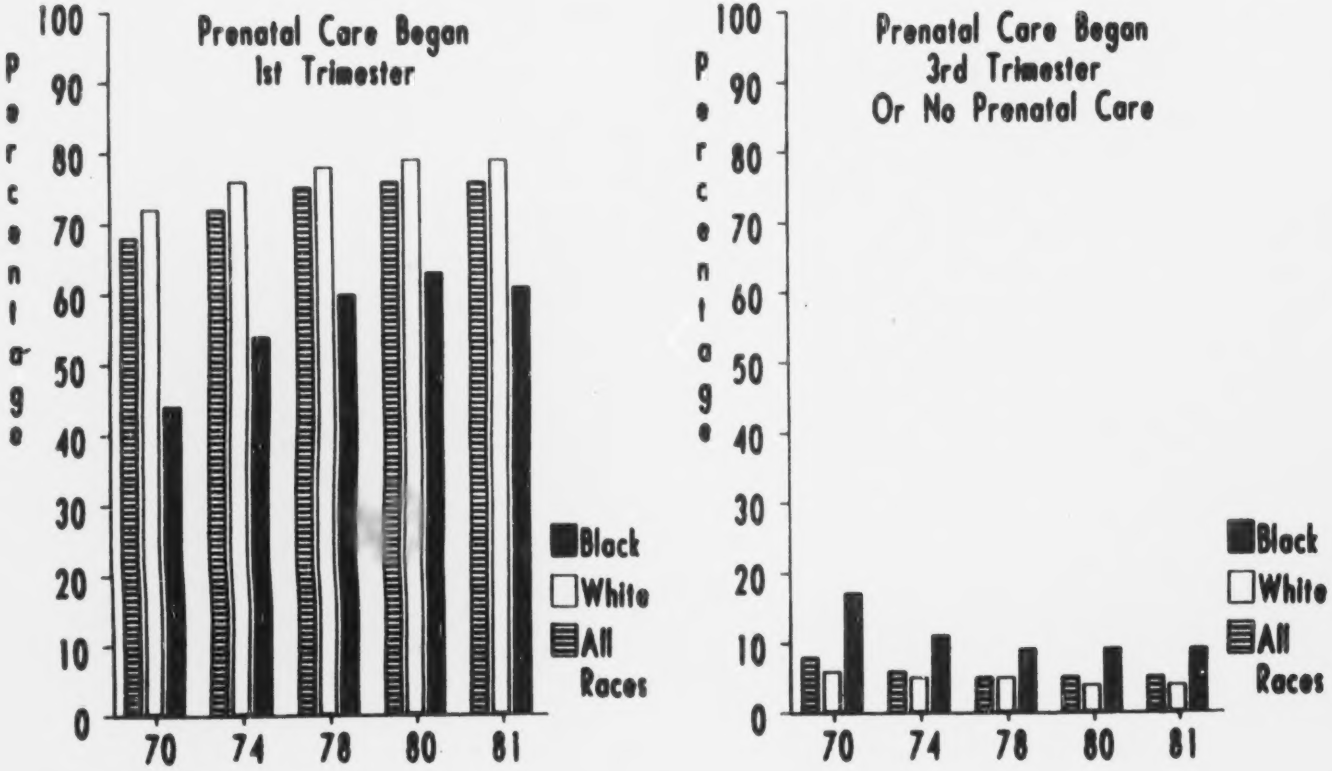
Lack of Prenatal Care

The stories are consistent from region to region—women in poor communities without adequate resources are not getting the prenatal care they need to ensure the healthy births of their children. Still more alarming, the percentage of women getting early care is going down and the percentage getting no care is going up.

Dr. van Dyck explained to the Committee that an expectant mother given no prenatal care is as much as three times as likely to have a low birth weight child. In the U.S., 46,000 women fail to receive (or fail to seek) prenatal care, particularly early prenatal care, according to Assistant Secretary Brandt. White women are more likely to receive prenatal care early in their pregnancy than are black women. (See Chart B and Table 2) Furthermore, Salisbury, basing her calculations on data from 1979, estimated that a minimum of 220,000 low income women in the U.S. did not have access to prenatal care because of differing state Medicaid policies. For example, nineteen states do not provide Medicaid for women pregnant for the first time. Also, poor women in married couple households are not eligible for Medicaid in many states.

CHART B

Prenatal Care
(% Of Live Births)



Source: See table 2, p. 131.

Instead of prenatal care becoming more available, Blackwell and Salisbury found from the Public Advocates' survey that for both black and white women, the percentage of women getting prenatal care in the first trimester was going down, and the percentage of women getting no prenatal care was going up. Black women remain twice as likely as white women to get poor prenatal care.

A regional perspective yielded the same trends. O'Hare told the Committee that in 1981 only 46.2 percent of pregnant women in New York City received care early in the first trimester versus 82.2 percent upstate. In Los Angeles, for the first time in forty years, the County Health Department is providing no free prenatal care to those needing it, according to Kaplan. Pregnant women not covered by Medicaid will have to pay $20 or more for each prenatal visit. Adequate prenatal care is not obtainable for some low income mothers in 40 of Indiana's 92 counties.

Don Crary, Executive Director of the Arkansas Advocates for Children and Families, told the Committee, "Many of the poorest women in Arkansas cannot afford and do not receive prenatal care, resulting in increases in the number of premature births, LBW babies, and babies born with some preventable defect." This happens, he said, because Arkansas does not offer Medicaid coverage to poor women until the birth of their first child—when they become eligible for AFDC. Thirty-three counties in Arkansas do not provide prenatal care in county health departments.

For many minority individuals, living in poverty severely limits access to the comprehensive prenatal care and general medical services that could counter the incidence of low birth weight. In 1981 in New York alone, 73.9 percent of pregnant white women received first trimester prenatal care, but only 44 percent of nonwhites received such care. Prenatal care in the first trimester among whites under 20 years of age was 45.5 percent and for nonwhites it was 28.9 percent.

Clearly, poverty is a tremendous barrier to obtaining needed services for the prevention of low birth weight. Ehlinger summarized the situation:

> It is obvious that minority and low income populations in Minneapolis and Minnesota are not sharing equally in the benefits of our health care system. They have problems gaining access to health services and can't afford the care they do receive. They gamble with serious and expensive illness by trying to save a few dollars by delaying preventive services. They often lose.

Maternal Nutrition

Dr. Eileen Kennedy, Nutrition Consultant with the International Food Policy Research Institute, and Visiting Professor, Tufts University School of Nutrition, told the Committee that a 1943 Harvard study found the most positive neonatal outcomes were observed in women whose diets were rated excellent or good by clinic staff. She provided an additional historical perspective:

> During the siege of Leningrad by Germany, birth weights declined significantly due to insufficient food supplies. As birth weights declined, there was a concurrent in-

> crease in infant mortality. Similar results were reported during the famine in Holland in 1944–45.

Kennedy cited other clinical studies and field experiments in the U.S. and abroad that showed trends in the same direction. Additional studies show that dietary supplementation can improve neonatal outcome.

The Women, Infants and Children's Supplemental Feeding Program (WIC) provides food supplements to low income women and their children. Yet seventy to seventy-five percent of the women and children eligible for WIC are still not served by the program, ten years after its enactment.

The Committee was struck by the fact that in New York State in June 1983, 225,000 people are being served by WIC, while an additional 400,000 are eligible but are not participating because of limited funds. In New York City alone, only one-third of the 300,000 eligible women and children are being served. Kathy Goldman, Executive Director of the Community Food Resource Center of New York City, told the Committee, "We have pregnant women on waiting lists to receive nourishing food. We have anemic babies waiting. The damage is done before they are ever reached by these program benefits, despite the proven value of WIC in terms of prevention."

In Wyoming, only 6,500 mothers and children are being served. This represents only 20–25 percent of the estimated 25,000 to 30,000 eligible population, which has itself increased dramatially since 1980 due to rapid increases in unemployment (from 3.5 percent in 1980 to 10.1 percent in May 1983). Of those adults eligible for WIC in Indiana, 78 percent are not served. Eighty-two percent of the eligible children are not served.

Medical Conditions, Alcohol Consumption, Cigarette Smoking and Maternal Age

Those factors clearly associated with the incidence of low birth weight are also factors most easily addressed by early comprehensive prenatal care.

According to van Dyck, "Infants born to women experiencing complications of pregnancy have a two to five times higher rate of mortality than others. For mothers with medical conditions such as diabetes, hypertension, or kidney and heart disease, there is a greater risk for having infants who will not survive the first year."

Again, those low-income and minority populations that have least access to the medical care system often are in greatest need. Referring to the Southeast Asian population in Minnesota, for whom reliable infant mortality data are not yet available, Ehlinger told the Committee:

> Given their multiple and closely spaced pregnancies, their late age of childbearing, their 21 percent rate of positivity for Hepatitis B, their higher incidence of anemia, their poverty, and given their lack of knowledge of English and western health care, it is obvious that Southeast Asians are at increased risk for poor health.

Alcohol consumption during pregnancy also has been linked to the incidence of low birth weight infants. Excessive alcohol consumption may result in Fetal Alcohol Syndrome (FAS). According to Dr. Eileen Ouellette, Director, University Affiliated Facility at the Eunice Kennedy Shriver Center, Waltham, Massachusetts and Assistant Professor of Neurology, Harvard Medical School, the full constellation of features associated with FAS is estimated to occur between one and two per 1,000 live births (3,700 to 7,400 babies annually). The frequency of infants having a less severe form of the condition ranges between three to five per 1,000 live births (11,000 to 18,500 babies annually nationwide). In addition to being a signficant factor associated with low birth weight, FAS is the third most common known cause of mental retardation.

Smoking slows fetal growth and nearly doubles the chance for low birth weight. Some studies have suggested that smoking may contribute to at least 25 percent of LBW infants.

Maternal age is another risk factor associated with low birth weight. According to Assistant Secretary Brandt, there were over 10,000 babies born to adolescents under 15 years of age and 14,000 infants born to mothers 40 years of age and older in 1980. Babies born to teenage mothers are more likely to be of LBW and to die in their first year of life than are babies born to mothers over age 20. Mothers aged 15 and younger are twice as likely to have low birth weight babies as are mothers aged 20–24. Even mothers aged 19 have LBW rates 27 percent higher than those who wait until their early twenties. (See also Chapter 8, "Teenage Pregnancy.")

CHAPTER 2: THE HEALTH OF OUR CHILDREN

How Healthy Are They?

"The health of our children has never been better," according to Assistant Secretary of Health Dr. Edward Brandt. There have been positive developments in child health, including increased immunization levels among school-age children, and record low numbers of childhood communicable diseases such as measles, mumps, rubella, polio, diphtheria and tetanus.

Several witnesses, however, pointed out that there is still reason for serious concern. As Celeste Kaplan, a volunteer with United Way of Los Angeles, put it, "Unfortunately, such general trends do not reveal certain specific serious, unresolved, or newly emerging health problems of our children."

Examination of specific health outcomes raise concern about child health status in the U.S. and suggest some critically unmet needs.

Immunization

Since the 1970's most elementary schools have required proof of immunization as a condition of admission. As a result, universal immunization of children is virtually a reality by the time children enter kindergarten and first grade, with 95 percent or more of school age children immunized against most of the major childhood diseases.

In New York City recently, almost 97 percent of the more than 71,000 new school entrants met immunization requirements for diphtheria, tetanus, polio, measles, rubella and mumps. In Mississippi 98 percent of all school-age children had received basic immunization.

The situation is different, however, with regard to *preschool* children. Many are not immunized and remain extremely vulnerable to childhood diseases. Since 1975, the proportion of children age 1 to 4 who have been immunized against each major childhood disease has leveled off, or declined. In 1981, 40 percent of preschool children were not immunized against polio, compared to 34 percent in 1970; and 32 percent were not immunized against diphtheria, pertussis or tetanus, compared to 24 percent in 1970. (See Table 3.)

Malnutrition

For child health outcomes as a result of nutritional deficiencies see Chapter 16, "Hunger In America."

Tuberculosis

Dr. Brandt, in assessing overall child health status in the United States, testified that the incidence of tuberculosis among children aged 0–14 failed to decline between 1976–1981. In Los Angeles, the most pronounced increase in the incidence of TB has been among the Asian and Hispanic populations, according to Celeste Kaplan. Among whites, the 1982 rates for children were 0.5 per 100,000 children under five. For black children under five, the rate was 7.6, for Hispanic children under five the rate was 14.6. Asian children had the highest rate, 93.69 per 100,000. These rates represent a sharp decline among Hispanic children. The reductions, however, may have been caused in part not by actual reductions in TB cases, but by a reluctance to report for fear of deportation of undocumented workers.

Dental Health

Children are the most vulnerable to tooth decay. While flouridation of community water supplies is the most effective means of preventing dental caries, dental health of children is also related to nutritional intake and availability of preventive dental health services.

Ninety-two percent of all children in Arizona experience tooth decay before age six. On any given day 2000 children can be expected to be absent from Arizona's schools due to acute dental problems.

Accidents

The Surgeon General's 1979 report on health promotion and disease prevention states that, "No other preventable cause (of death) poses such a major threat as accidents which account for 45 percent of total childhood mortality."

Motor vehicle accidents account for a significant number of accidental deaths among children. In many states, child passenger restraint laws have significantly reduced accidental deaths and injuries.

Dr. Peter van Dyck described the situation in Utah where the death rate for children under five is significantly higher than the rate for the United States as a whole (11.8/1000 children vs. 10.6/1000). ". . . 600 children aged 0–5 are seriously injured each year—7 to 10 are killed. One in every 57 children born in Utah will be seriously injured or killed in a motor vehicle accident before age five," van Dyck told the Committee. Utah is one of nine states with no child passenger safety seat legislation.

Of almost 40,000 Arizona children ages 1–4 involved in auto accidents over a 10 year period, 150 had died. Of those *not* wearing seat belts, one in 227 were killed, yet of those wearing seat belts, only 1 in 3,150 were killed.

In states with child restraint laws, injury death rates declined after the laws were enacted. Injury rates in North Carolina decreased from 19.5 per 1000 children in accidents to 14.1/1000. The rate for children under five in Tennessee decreased approximately thirty percent. Dr. van Dyck added that in Utah, "If all non-restrained children during the last four years had been restrained, estimates suggest that at least 19 fewer children would have been killed, at least 300 fewer would have had serious injuries."

Drowning is one of the leading causes of accidental death of children under four. In Utah, 22 percent of all young victims of accidents drowned. In Arizona, 36 children under four drowned in 1981, which represents 28 percent of all the drownings. Children under four represent only four percent of Arizona's population. According to Georgia Vancza, regulations requiring fencing around residential pools, drainage ditches or canals are non-existent or rarely enforced in Arizona.

Child Mortality

Children's Deaths in Maine, a study submitted to the committee by A. L. Carlisle, Chairperson of Maine's Juvenile Justice Advisory Board, shows that low-income children die at a rate three times greater than non-poor children The major causes of death were disease accidents, and homicide and suicide. The low-income children's population was defined as those Maine children and their families who receive AFDC, Food Stamps and Medicaid.

One thousand and thirty deaths of children were examined in the Maine study. Low-income children died in fires at a rate 4.9 times greater than for non-poor children; for death by drowning, the ratio was 4.0 to 1; and death by disease—related causes occurred at a ratio of 3.7 to 1.

Is Health Care Available for Children?

While access to health care is critical for all children, low-income children, those most at risk, are not receiving adequate health care. Many of the resultant diseases, injuries and deaths are totally preventable or amenable to early intervention.

Since 1981, according to Angela Blackwell and Lois Salisbury, federal withdrawal of funds through the Maternal and Child Health Block Grant (MCH), cutbacks to community health centers, and changes in Medicaid eligibility have limited access and availability of necessary health care or other interventions.

Dr. Brandt told the Committee that federal funding for maternal and child health programs decreased from $363 million in 1981 to $316 million in 1983. In addition, states, as a result of the Reconciliation Act of 1981, are no longer required to provide minimum programmatic criteria in order to qualify for MCH block grant funds.

Other witnesses described in greater detail the decline in health care services for children. For example, "Child Watch," a study conducted by the Junior League of Salt Lake City, details the new limits in Utah on compensation for speech therapy, batteries for wheelchairs, hearing aids and outpatient visits, as well as routine dental and mental health care. Mitzi Dunford at the Salt Lake City Junior League concluded as a result of the "Child Watch" study that routine well-child care in low-income families is deficient, giving rise to a crisis oriented approach to child health problems.

According to O'Hare, while there are 973,969 children aged 0–20 eligible for Early Periodic Screening Diagnosis and Treatment (EPSDT) services through Medicaid in New York State, less than ten percent in need are served annually. In California, only provisions to ensure *medical screening,* with no further referral for diagnosis or treatment, of all children prior to initial school entrance are still in place, due to recent changes in the state's Child Health and Disability Prevention Screening Program, the California equivalent of EPSDT.

O'Hare said, "The major problem that continues to plague this vulnerable population is a lack of continuity of medical services (preventive and acute health care, as well as primary and more specialized care) and problems of nutrition and quality child care." Children and Youth Projects previously funded through Maternal and Child Health programs under Title V of the Social Security Act, but now optional for states under the block grant, provide comprehensive care for children. In New York, these programs are "barely surviving with their current cuts." Fifty-five thousand children in New York City depend on the Children and Youth Programs for total care including growth, development and nutritional assessment, dental care, immunization, lead screening, educational counseling for parenting, and accident and poison prevention programs.

A study in New York demonstrated that children enrolled in comprehensive Children and Youth Projects had a thirty percent lower hospitalization rate than a comparable population. Yet the funding in New York State for Maternal and Infant Care, and Children and Youth Projects is currently below the level of the 1970's. Through the change in the MCH Block Grant, New York State lost $5 million in 1983.

Despite the importance of supporting prevention strategies that are also cost-effective, this type of health care is often the first to be cut. Well-baby care at County Health Departments in California have been virtually eliminated, according to Celeste Kaplan. In New York City, one Children and Youth Project has been completely discountinued due to lack of funds.

School health services are also under considerable constraints. There is approximately one nurse for 6,000–7,000 students in New York City. The same situation holds for some areas of California where notable reductions in school nurses and doctors contribute, in Celeste Kaplan's view, to "weakening further the whole system of health care for children, especially those whose families have no medical coverage."

Families who need public health services in Indiana face long waiting lists. There are few local doctors who will take indigent referrals. Dental work or in-home care are, for the most part, not available. Public health agencies serving those families have had budgets cut and staff reduced 10 to 40 percent. A few services have been totally eliminated. Basic preventive health care for children is unavailable to low income children in 40 counties in Indiana.

Services for other high-risk children raise additional issues. Rehabilitation services are generally provided for children with handicapping conditions through each state's Crippled Children's Program. In New York, efforts are underway to track children, but the number presently served is unknown. It is believed that currently there are many children unserved or inappropriately served. In California, provision of comprehensive health services for disabled children is the responsibility of California's Children's Services (CCS) which is funded in part through the MCH Block Grant. Cutbacks have exacerbated an already critical problem for families trying to receive occupational and physical therapy for their children.

In Los Angeles County, CCS terminated services to developmentally disabled persons who reside in intermediate care facilities so that they no longer are instructed in self-care skills, such as feeding and walking. Costs of obtaining or repairing wheelchairs are no longer covered. Also, CCS offices in Los Angeles County are no longer providing therapy to the most severely disabled children in developmental centers for the handicapped. Under these conditions, therapy would be withheld from students with cerebral palsy over the age of seven or eight, due to staff perceptions that children at this age could no longer benefit from therapy.

As the Committee heard repeatedly, those at greatest health risk are often denied critically needed services. Through his work as a paralegal with the Farm Workers Center in Las Cruces, New Mexico, and as the son of a farmworker, Ismael Camacho has witnessed the continuation of conditions he experienced as a child. He described those experiences in his testimony:

> Before we were old enough to work, we were still taken to the fields. We were left in the car, or underneath grapevines in order to avoid the sun. Underneath the grapevines, we were exposed to pesticides that were used to kill spiders and other insects. They would spray sulfur to combat the plagues. This sulfur would fall from the grape leaves and burn our eyes and skin. There were no sanitation facilities in the fields, so many times we had to relieve ourselves in the fields. There was obviously no toilet paper, so we used what we could. There was no water to wash our hands, so we ate with dirty hands. Needless to say there were no medical facilities in the fields. So when one of us would get sick in the fields, the next oldest kid would take care of him at the house.

Can Families Afford Health Care for Their Children?

Health care, primarily preventive services, has been substantially reduced in some states. But even when services have managed to survive, there are families without insurance that simply cannot afford to get the kind of care they need.

Many newly unemployed families who have lost employer-based health insurance are unable to afford the prohibitive cost of individually purchased insurance. As a result, they wait for a health crisis to seek health care. A public health nurse interviewed in the Utah "Child Watch" study said, "Economic conditions such as unemployment, no insurance, or no Medicaid, plus the high cost of medical care, means families are not seeking well-child care or having routine dental care. Most are having their children immunized, but they wait until the child is critically ill before seeking medical care."

For eleven million poor Arizona children, Medicaid is the only means of financing check-ups, medical treatment, dental care, hospitalization, and necessary medication, according to Arizona child advocate Georgia Vancza. The Committee learned at another hearing, however, that Medicaid covers only 40 percent of the poor nationally.

Those states requiring AFDC eligibility in order to be covered by Medicaid impose additional restraints on families. Don Crary, Executive Director of Arkansas Advocates for Children, described the situation in Arkansas:

> Unfortunately, for children in Arkansas, Medicaid eligibility is tied directly to AFDC eligibility—the maximum income being 150 percent of the state standard of need. Since our standard is unrealistically low, so is our eligibility for Medicaid. Thus, thousands of children in Arkansas are essentially without basic health care and are, therefore, at risk of developing critical illnesses and perhaps even life-long disabilities which might otherwise be prevented—an obvious waste of human potential and needed dollars.

CHAPTER 3: CHILDREN'S INTELLECTUAL GROWTH

The capacity to learn and grow is most crucially determined in the first years of life and demands an enhancing environment; yet for millions of children such opportunities are limited.

The development of cognitive capacities and skills—the abilities to know, perceive, think and learn—is essential to human intellectual functioning. Research findings brought before the Committee describe these complicated processes, as well as how, based on this knowledge, we might improve the intellectual functioning of our children.

The Barriers to Healthy Growth in the Crucial Years

The Committee learned that optimal intellectual development requires healthy physical development of the brain—much of which occurs prenatally and in the first months and years of life—along with a facilitative and stimulating environment.

Dr. James McGaugh, Professor of Psychology and Director of the Center for Neurobiology of Learning and Memory at the Univesity of California, Irvine, described the importance and course of brain development:

> The purpose of having a brain is to provide for plasticity; for us to benefit from the experiences that we have to learn and to remember. This is an absolutely key aspect, because it is through learning that we become what we are. Everything that we are as human beings depends upon things that we have learned and remembered. That is why it is so fundamental to understand the brain, because the brain is the organ of the body that allows all of these things to happen.

He further described studies on brain development that have charted brain growth, starting at conception. McGaugh pointed out that most brain cells are developed by one month before birth. Even though the brain does continue to grow after birth, reaching adult size by about age 7, there are no great numbers of new cells developed. The Committee also learned that the opportunity to "influence" the brain, its direction and its ultimate development, is greatest early in development.

Satisfactory development of the structure of the brain and the intellectual processes that normally result depend on appropriate environmental stimulation and the absence of negative conditions.

According to McGaugh, animal studies have taught us that early experiences can have a profound impact on the development of normal abilities and behaviors later in life, as well as on the structure of the brain itself, the crucial organ in the learning process.

—Studies have shown that if animals are deprived of certain kinds of complex patterns of visual stimulation while in their early stages of development, they will never see those patterns later in life.

—Research also has documented that the brains of animals reared in complex environments are larger and heavier. ". . . the brain cortex—the outer bark of the brain and the region that is most highly developed in human beings—is thicker; and most importantly, there is a dramatic increase in the number of synaptic contacts," the neural connections necessary to process information.

The consequences of early cognitive deprivation will literally follow a child over a lifetime.

Dr. McGaugh expanded on the long-term negative consequences of impaired brain development. "The early stages of development are of critical importance since the processes developed in the early stages influence all subsequent development. Each stage of development is built on the results of earlier stages." McGaugh added that even though we know very little about the causes of disorders of learning in children, the evidence clearly documents the importance of understanding human brain development and for taking steps to insure that developmental disorders are prevented.

In addition, "Conditions affecting brain development may, under some conditions, be like time bombs" where the consequences may be revealed only later in life. Again, animal studies reveal that the deprivation of certain experiences at critical periods early in development will prevent some types of expected and appropriate behavior from developing in adulthood. Elaborating on the "time bomb" phenomenon, McGaugh noted that:

> Other studies using laboratory animals have shown that strains of animals that have different patterns of organization in particular brain regions differ in ability to learn certain problems. The differences in learning ability are seen only after the development of the particular neural system—which is not present at birth. Other studies have shown that if this brain region is damaged during development, the animals will have a learning deficit that is seen when they are mature—that is, after the normal period for the development of the brain region.

Researchers have identified many factors that can produce negative consequences for brain development and subsequent intellectual development in children.

Low birth weight has been linked to deficiencies in brain development. Dr. Frank Falkner, Professor in the School of Public Health, University of California, Berkeley, pointed out in his testimony that "Being small (i.e., low birth weight) doesn't necessarily matter, but it does matter if your head is small, because the head contains the brain." Studies have found that some small-for-gestational-age babies have smaller head sizes. Small-for-gestational-age infants comprise one-third of all low birth weight infants in the developed world and 80 percent in the developing world. (See also Chapter 1, "Children At The Beginning Of Life: An Assessment")

The Committee learned from Dr. McGaugh about the genetically-based disease, phenylketonuria, and its negative consequences if left untreated. Children who have this disease cannot metabolize the amino acid, phenylalanine, which is toxic to the brain in high concentrations. If nothing is done for these children, their brains develop abnormally and they will be mentally deficient. This disease can be well managed through dietary control, and its effects can be attentuated if the problem is detected early and treated.

Dr. Eileen Ouellette described to the Committee the potentially devastating effects of Fetal Alcohol Syndrome (FAS), which include smaller head circumference and microcephaly, hydrocephalus, postnatal developmental delay, mental retardation and learning disabilities. FAS is the third most known common cause of mental retardation. (See also Chapter 1.)

McGaugh testified that even in cases where we do not know all the specific causes of cognitive problems, some treatments are available now, and studies with animals show promise for more. He reviewed the following facts for the Committee:

—Attentional disorders in some children that lead to learning disorders can be effectively treated with drugs.

—Studies with laboratory animals have shown that learning and retention can be enhanced by drugs and hormones, and that the decline in learning and memory seen in old animals can be reduced by hormone treatments.

—Stress hormones have successfully been used to influence learning and memory in animals. "Hormones that we release when we learn are hormones that play a role in how well we remember the things that led to the hormones' release," McGaugh explained.

CHAPTER 4: EMOTIONAL DEVELOPMENT IN THE FIRST YEARS OF LIFE

Little attention has been paid to avoiding or reversing emotional distress in very young children in spite of the emergence of successful prevention and treatment strategies.

Infant Care and Its Importance in Child Development

A strong correlation exists between an infant's early relationships and that child's eventual emotional, intellectual and even physical development and functioning. In the Committee's first hearing, Dr. T. Berry Brazelton, Chief of the Child Development Unit of Children's Hospital, Boston, described the first interactions that begin the bonding process between babies and their parents. These interactions mark the start of the development of the child's first critical relationship, and help set the stage for later healthy emotional development.

Immediately after birth, babies and their parents begin a series of predictable emotional interactions. Brazelton detailed how a baby "captures" parents emotionally, by drawing their attention and presence:

> The newborn right out of the uterus will look in your face and start following your face, and go back and forth and up and down for 90 seconds without losing your face. And as he does, he gets more excited. As he does it, your heart begins to race, you begin to breathe faster and you realize that he has made you attached to him.

At that first hearing, Dr. Armand Nicholi, a professor at Harvard Medical School, also emphasized the importance of the early parent-child relationship, stating that the greatest contributor to the healthy emotional development of a child "is a close, warm, sustained and continuous relationship with both parents." Author Rita Kramer concurred:

> While the various professional child-care experts can be found to disagree on almost everything else . . . one thing that seems indisputable is the crucial role of responsive consistent care in the earliest years of life.

During the first hearing of the Prevention Strategies Task Force, Dr. Stanley Greenspan of the National Institute of Mental Health, described how we can now chart the emotional developmental milestones early in an infants life "much as we now do the neuromotor milestones of sitting, crawling, walking and talking." Disturbances and departures from expected developmental patterns as early as two months of age can also be detected and charted.

Factors Which Impede Emotional Development and Their Prevention

The Committee heard considerable testimony on the many problems that can thwart the healthy emotional development of infants and young children. Difficulties can arise in all families at every socio-economic level, due to constitutional factors, factors related to the parent-child relationship and/or environmental stresses such as poverty, unemployment, homelessness, or family illness.

—Fetal Alcohol Syndrome babies who exhibit a variety of physical and mental impairments resulting from mothers' drinking during pregnancy are very difficult children in general. They usually do not respond well and tend to engender feelings of rejection and depression in mothers, who may already have problems of poor self image in addition to substance abuse.

—Research cited by Dr. Brazelton shows how a mother passes on values about herself as well as about society to the child in the first few months of life. "A mother who feels good about herself and is reinforced to feel good about herself, passes those feelings very directly on to the new baby. If a mother feels inadequate—and this is what used to happen with mothers of premature babies—and gets a baby who does not give proper feedback, then there are problems."

—According to Nicholi, much research on parental absence and loss indicates that children who lose one or both parents are at greater risk of having emotional problems that manifest themselves immediately or later in life. Emotional illness suffered as an adult has been linked to early experiences with a rejecting, inaccessible or absent parent.

—Case studies show that the crisis of homelessness for families can lead to serious physical and emotional problems for children and parents.

Families with multiple problems face the greatest risks. According to Greenspan, over 30 years ago these families comprised 5–10 percent of the population and used 50–75 percent of all public health and mental health resources. Greenspan told the Committee, "One can only guess that this pattern may be even more extreme now."

"Multi-risk" families are families with histories, sometimes spanning generations, of various problems in coping as well as serious economic problems. Yet preventive intervention tailored to the individual differences and needs of these families can reverse long-standing patterns of emotional distress. Greenspan told the Committee:

> Often the multi-risk mothers begin their child rearing as teenagers and they and their children do worse with each subsequent pregnancy. These mothers describe a similar pattern with their own mothers. And in all likelihood, their children will continue these patterns. We have observed in our cases that by helping a mother and a family with one child, not only does that child and the whole family do better, but the next child does better. It appears that a negative cycle of geometric proportions is broken and a positive one begun.

Elizabeth Elmer, Director of Research at the Parental Stress Center in Pittsburgh, said her Center sees more multi-problem parents. "Compared to earlier years, the parents appear to be more disorganized and chaotic, more of them seem deeply deprived; and a larger proportion have histories of psychiatric hospitalization."

Alvera Stern, Director of Prevention/Education Services, Youth and Shelter Services of Ames, Iowa, testified that the numbers of multi-problem families are increasing in her rural community. She reported that youth seen at the treatment center 10 years ago checked off an average of 1.9 problems at intake. Today youth identify an average of 5.3 problems:

> Most strikingly, the Center's statistics show increasing problems in our non-metropolitan areas with alcohol and drug-related problems, with sexual exploitation of kids, including incest and prostitution for both boys and girls, and increase in runaway/homeless youth, and increases in incidence of depression, suicide and other stress-related items.

The Committee also learned that families with seriously ill children face a variety of stresses that can negatively affect family functioning and the emotional development of children. At the Committee's hearing in Santa Ana, Denise Ojala, the mother of a disabled child, recounted the tremendous emotional and financial strains faced by her family over the past 13 years in trying to secure appropriate treatment for her son, who has spina bifida. Constant disagreements with health care bureaucracies over financial assistance compounded their anxieties. At the same time, the family had to manage with emotional strains at home: "trying to explain to Greg what was happening to him and why he was in such pain; (and) trying to deal with the feelings of his younger sister who was too young to understand what was happening to her brother. . . ."

The Availability and Adequacy of Treatment

Concerns over the availability and adequacy of treatment for emotional problems were expressed to the Committee. In Florida, Mario Jardon, an administrator of a residential mental health center, reported that children with serious emotional problems who need immediate or long-term residential care have no place to go and "fall between the cracks." His colleague Dr. Ana Rivas-Vasquez concurred, adding that the need for day programs is increasing at the same time as existing programs are being cut. Their service populations are predominately Hispanic immigrants, and refugees from the continuing turmoil in Latin America.

The cost of allowing emotional problems to go untreated is enormous. Dr. T. Berry Brazelton told the Committee that it costs $50,000 to treat a child admitted to the hospital with a diagnosis of "failure to thrive," a preventable delay in child development. More broadly, Stanley Greenspan estimated that, at a discount, it would cost $400,000 over the lifetime of a child to treat, educate and support him if he has serious emotional problems and does not make it into society. "So, even if the preventive early intervention program costs $5,000 for the most expensive case, it is enormously cost-effective in the long-haul to make sure that the child *starts* out competent." In addition to the economic costs of emotional dysfunction, Greenspan told the Committee that by not preventing emotional and intellectual disabilities, we are failing to give American children equality of opportunity. Dr. Greenspan closed his testimony by saying:

> With 13 percent of our school-age children receiving special services, and as a clinical hunch, another 15 percent who could probably benefit from such services, we must rethink our basic philosophy on such fundamental notions as equal opportunity and an education for all our children. When children enter school already handicapped in cognitive or emotional functioning, they do not have an equal opportunity.

CHAPTER 5: FATHERS' ROLE IN CHILD DEVELOPMENT

Children and Their Fathers

Many benefits, including but not limited to economic stability and greater family interaction, accrue when fathers assume a more active role in family life.

Michael Lamb, Professor of Psychology at the University of Utah, said that recent surveys indicate that the degree of paternal involvement with children has significantly increased in the last 15 years. He told the Committee that:

> On average, fathers in two-parent families spend about a third as much time as mothers do actually interacting with their children and about half as much time as mothers do being available to them. Fathers are relatively more involved where mothers are employed or when children are older. The biggest discrepancy between mothers and fathers is the area of parental responsibility—day-to-day decisionmaking.

According to Lamb, studies show that mothers tend to be identified with caretaking, nurturance, and the day-to-day business of child care, whereas fathers are associated with playful, social, and physical interaction.

There is evidence that children within intact families benefit from high paternal involvement. Recent studies show even more benefits to children when fathers equally share in child care responsibility. According to Lamb, this is probably due to a constellation of factors, including interaction with two highly involved parents, parental agreement about child care, low marital conflict, and shared family values.

Dr. John L. McAdoo, of the University of Maryland's School of Social Work and Community Planning in Baltimore, has conducted research on paternal behavior in economically secure black families.

In the families he studied, fathers clearly play a positive role in the socialization of their children. He concluded that economic security is an important factor in creating a positive environment for healthy father-child interaction.

Dr. Michael W. Yogman of the Children's Hospital Medical Center at Harvard has concluded from extensive research that fathers can form significant relationships with their infants beginning at birth. Yogman commented on common patterns of paternal involvement: "Father involvement during the perinatal period shortly after birth is at a very high level, currently approaching 100 percent across all social classes and subcultures. Yet, while father involvement is high during the infancy of the child, it diminishes rapidly after the child reaches age two due to job demands and lack of outreach from the schools, which, unlike the hospitals, have not yet found the incentive to involve fathers."

Father involvement with children is influenced by forces within the family as well as outside forces. Fathers can be physically and/or psychologically absent to their children, but when they are present in both respects, there is an "unequivocal paternal contribution."

When Fathers Are Not at Home

From his clinical experience, Dr. Armand Nicholi, a psychiatrist on the staff of Harvard Medical School, finds a relation between a missing parent and emotional difficulties for children. "If one factor influences the character development and the emotional stability of a person, it is the quality of the relationship he experiences as a child with both of his parents." Nicholi drew a careful distinction between physical and emotional parental absence, saying, "A parent's inaccessibility, either physically, emotionally, or both, can exert a profound effect on the child's emotional health." He added:

> A home in which both parents are available to the child emotionally as well as physically has become, in some areas of our society, the exception rather than the rule. And I refer not only to the disadvantaged and divorced home where the father is missing and the mother works. I refer to even the most affluent homes.

At the Committee's "Paternal Absence and Fathers' Roles" hearing in Washington, D.C., Dr. William P. Wilson, Professor of Psychiatry at Duke University Medical Center, told the Committee he had found that children of divorce are at risk psychiatrically. Yet, just as importantly he reported that emotional problems also arise because of marital stresses in the predivorce period. "Conflicted marriages make for conflicted children, and skewed marriages lead to dominant or dependent children, and neurotic marriages may load the child with feelings that contribute to the development of problems in later life."

Dr. Henry B. Biller, Professor of Psychology, University of Rhode Island, also pointed to the impact of emotional absence on children, saying:

> A child does not necessarily have to be separated from the father to suffer from paternal deprivation. Paternal deprivation can occur when the father is available but there is not an adequate father-child relationship. The father who is passive, ineffectual, aloof, not emotionally

> there for his child can have a very negative impact on the child's development.

According to Biller, it is important to consider the nature of father absence. In assessing its impact on children, the duration of father absence and its causes—whether by death, divorce or job demands—should be taken into account. Moreover, the child's age, sex, temperament and other individual characteristics are crucial in determining the impact of absence on the child. There is general agreement, however, that father absence before age four or five is more disruptive. On average, sons seem to suffer more adverse consequences from the absence of a father than do daughters. Lamb indicated that "the effects of father absence on girls have been less thoroughly studied," although he agreed that they appear to be less severe than the effects on boys.

The mother's reaction to the absence of her husband is an important factor in determining the impact on the children. In some instances, fathers spend more time with their children *following* a divorce. Biller testified:

> Even though children living with their mothers subsequent to a divorce may be labeled father-absent, there is tremendous variability in the amount of contact they have with their fathers. In some families, children whose parents are divorced may never again see their fathers, whereas in other families they may even spend more quality time with them than they did prior to the divorce.

According to Lamb, the impact of father absence on children can be compounded by a variety of other factors including: the absence of a close male parent figure and second parent; the financial stress experienced by the mother and her social and emotional isolation; the amount of marital conflict before the father's departure; and the quality of the parental relationship after the separation begins.

Biller reported that the damage caused by father absence can be mitigated by the quality of the family support network. For example, those children who have an extended family, with grandparents and other relatives who are involved with them, seem to fare better than children who are more isolated in a single-parent family.

Incarceration is also a cause of paternal absence which especially affects young men and their families.

Rev. Herman Heade, Jr., of the Prison Fellowship, said, "The impact of incarceration of a parent has a dramatic and lasting impact on the children . . . Not much attention is paid to them except that they are put on welfare or Aid to Dependent Children." He proposed that the criminal justice system seriously consider alternatives to incarceration for men with families who were convicted of non-violent crimes.

Paternal Absence and the Military

Shauna Whitworth, Director of Research for the Military Family Resource Center, testified that one of the primary stresses on military families is frequent reassignment. Military families move on the average of 2.2 times in a five year span.

Many times, reassignment brings with it separation between a soldier or officer and his/her family. Research on military fathers' absence indicates that the prolonged absence increases the probability of developmental difficulties in children, including difficulties with the emerging sense of gender identity and the capacity to modulate and express aggression. Other research indicates that the effects of father absence vary with families and is dependent on the attitudes and reactions of the mother and father to the separation.

Whitworth also stressed the fact that the structure of the military family is changing. Sixty-five percent of military wives were in the paid labor force in 1980, compared to 30 percent in 1970. There is also an increase in the number of dual military couples, where both husband and wife are in the military. As in society as a whole, there are an increasing number of single parent families in the military. These changes have the potential of compounding the impact of father absence on military families.

SECTION 2: YOUTH

CHAPTER 6: THE NATION'S TROUBLED YOUTH

Teenagers Today

Dr. Joan Lipsitz, Director of the Center for Early Adolescence, University of North Carolina at Chapel Hill, described for the Committee a developmental profile of today's adolescent. She pointed out that a diminished commitment to providing adult role models, plus a decline in opportunities for adolescents to develop non-academic skills and to participate meaningfully in community life could have long-range negative consequences:

> Because we give adolescents almost no opportunities for acknowledged competence beyond academics and athletics, and because we fail to invite the contributions they are ready to make to their communities, many adolescents are barred from adult recognition. In so doing, we abandon them to the peer group which, while more often than not supportive and generous, is equally shaky and needy.

Committee members heard directly from one well known teenager, Kim Fields, 14 year old co-star of the TV series "Facts of Life." Fields stressed the importance of positive adult role models for adolescents, as well as the importance of having an opportunity to contribute meaningfully to their peer group and communities:

> Adults as role models must realize we kids look to them for guidance, support and direction as to how we live our lives. Every time an adult messes up by getting drunk and driving or using drugs it confuses a lot of kids, especially if the adult is a parent, celebrity or sports hero that a kid looks to as a role model.

Fields is involved in the Youth Rescue Fund, which has established a celebrity peer council of 15 teenage actors and actresses to increase awareness about teens in crisis:

> The "Youth Helping Youth" philosophy of the Youth Rescue Fund, and my participation on the Fund's "Celebrity Peer Council" are ways for me to reach others to let them know that kids are important, and valuable contributors to society not only for the future but RIGHT NOW.

Teenagers, she added, are an important resource in improving the quality of life for all people, including teenagers in crisis. Teenagers responding to Youth Rescue Fund media messages are helped to organize state peer councils and local community projects to assist and educate youth about crisis problems.

Lipsitz reviewed for the Committee a range of data on drug and alcohol use, delinquency, pregnancy, school completion, and other relevant social indicators:

> . . . the incidence of most negative social indicators among adolescents is either horizontal or declining. We cannot take all the credit for having caused this turn away from the unrelentingly escalating figures of the 1970's. When the size of the youth cohort decreases, so do the alarming statistics. On the other hand, this is a good time to step back and take credit that is due. If we have done something right we need to continue, not to reduce or terminate our efforts.

Substance Abuse

Not all teens are suffering during the difficult transition to adulthood, yet drug and alcohol abuse remain serious problems for many youth. Young people with drug and alcohol problems face overwhelming odds in their daily lives.

Despite the fact that, overall, many negative social indicators for youth are declining, many others remain stable and high. Chief among these is the incidence of drug and alcohol abuse. Dr. Joseph Novello, Director of Gateway, a comprehensive treatment program for chemically dependent adolescents in Washington, D.C., told the Committee that nationwide, 8 percent of teenagers have a serious drinking problem. In addition, although daily marijuana use is down among high school seniors, Novello estimates 7–8 percent still use it daily and younger children are introduced to its use at progressively earlier ages. Other drugs, such as PCP ("Angel dust"), cocaine and amphetamines are used weekly by 1–5 percent of the teenage population. Many teenagers today are "polydrug" users, according to Victoria Best, Executive Director of the Dutchess County Youth Board in New York.

Causes for continued high incidence of substance abuse among youth are varied. Novello noted that some young people abuse drugs as part of an underlying psychiatric illness. Others may do so in response to the stress of family breakdown, or a sense of uprootedness due to family mobility. Peer pressure to "try it" is experienced by almost all teenagers, and the media exposure to the "fast life" coupled with adult abuse of alcohol or drugs, and the ready availability of drugs in nearly every high school and community, contribute to the problem.

Other witnesses noted the additional stress of economic uncertainty, both for youth and their families. Ms. Alvera Stern, Director of Prevention/Education Services at Youth and Shelter Services in Ames, Iowa, told Committee members recession and youth unemployment in rural areas have coincided with an increase in runaway youth seen at the facility, as well as in problems with substance abuse, suicide and depression, and sexual abuse.

Suicide and Mental Health

The most serious manifestations of emotional problems among youth are psychiatric problems and suicide. Dr. Perry Bach, Chief of Child and Adolescent Mental Health Services for San Diego

County, California, told Committee members at the Santa Ana hearing:

> The most recent data indicate that at least 7.3 million children and youth in the United States are suffering from psychiatric disease or disability. Even if only 10 percent of them require professional intervention, there are well over 700,000 needing professional help to effectively meet their needs.

Certain populations of children and youth appear to be at particularly high risk for mental illness. Dr. Rivas-Vasquez, Director of the Markenson Unit, Children's Psychiatric Center in Dade County, Florida told Committee members that Hispanic immigrant youth from the countries of Central and South America experience great stress in the effort to adapt to the culture of the United States:

> Have no doubt that we are talking about a population at risk with many extremely emotionally disturbed youngsters going through the traumatic experience of acculturation, of migration and resettlement.

Both Bach and Rivas-Vasquez pointed out to Committee members the need for a greater commitment to cost-effective outpatient and early intervention services, rather than to expensive inpatient and residential treatment centers. Both warned that failure to provide early intervention would result in more delinquency, crime and chronic mental illness.

Suicide is one negative social indicator that has dramatically increased among young people ages 15–24 in recent decades. Committee members heard testimony on this problem from a panel of witnesses during the "Teenagers in Crisis" hearing. Ms. Judie Smith, Program Director of the Suicide and Crisis Center in Dallas, Texas, reviewed the startling statistics on suicide among youth:

> The incidence of suicide among adolescents and young people is increasing at an alarming rate. Since the 1950's this rate has tripled. Men comprise three-fourths of all suicides and young men 15–19 years old are killing themselves at a rate that is 400 percent higher than three decades ago. For the first time in our history young people are committing suicide more frequently than the elderly. Nineteen and one-half percent of all suicides are under the age of 25. Close to 6,000 young people choose to end their lives every year.

Smith told the Committee that the Dallas area has the second highest rate of adolescent suicide in the nation and the suburb of Plano has had six teenage suicides in one high school in one recent six month period. She attributed this high rate to several factors: the high divorce rate in the Dallas area, the eight-fold growth in population in the past decade, and the upward mobility of families creating pressures on teenagers to succeed in the absence of an extended support system.

The Committee heard particularly poignant testimony from a Plano mother who had just lost her 18 year old son to suicide. Mrs.

Elaine Difiglia shared her bewilderment about her son's death—a seemingly successful youngster who came from an intact, harmonious middle-class family. She said talking with other parents suffering the same tragedy was extremely helpful. Her message to the Committee was that the devastation of teenage suicide could happen to anyone. She offered strong advice to develop methods to enhance communication between parents and teenagers and between teenagers and their peer group:

> There are a few things I can suggest to help prevent suicide. First is communication. I know you all hear this day in and day out, but communication is so important between children and parents. Communicate with your kids, talk with them, listen to them. By listen, I mean listen to their words, their action, listen to them by watching their moods. Try to hear what they're telling you. Believe me if there is no talking between you and your children, there are big problems.

Dr. Mary Giffin, Medical Director of the Irene Josselyn Clinic in Northfield, Illinois, described for the Committee several case examples of suicidal adolescents. Each case pointed out the importance for parents and school officials of knowing the signs and symptoms of suicide, and of learning how to intervene and get help for the teen.

CHAPTER 7: CHILDREN'S FEARS OF WAR

Contrary to what most adults would like to believe, many children, particularly adolescents, fear for their survival.

Children's fear of war, particularly nuclear war, emerged as an issue in several hearings. The Committee held a hearing devoted specifically to this issue on September 20, 1983, in Washington, D.C.

A panel of children, as well as adult social scientists and physicians, discussed the extent of concern, and its effects, among children.

Children Respond

From the very first Committee hearing, children have spoken of their feelings and thoughts regarding the threat of nuclear war. Children have told the Committee that they, and their friends, have learned about nuclear weapons from the media, and that they are frightened there will be no future for them.

Children from across the country testified that they are scared a nuclear war might happen. Heidi Bowman, age 12 from Wilmington, Delaware, and spokesperson for the "Children's Letters to the President Campaign," an annual effort of Save the Children, read the 1983 Children's Agenda for Action at the Committee's first hearing. Derived from the 20,000 letters received, the Agenda listed "war and nuclear weapons" among the five major areas of concern to children. Gerald Orjuela, also 12 from Brooklyn, New York, testifying at the "Children's Fear of War" hearing, stated "We are frightened that a lot of countries have the bomb. We are frightened that we might be hit."

In response to those who believe that if children were not exposed to the issue of nuclear war they would not have this fear, Ursell Austin, age 16 from Oakland, California stated:

> It's not like we don't hear about nuclear weapons. It's on the news, it's in the papers, it's on television. But people act like we aren't supposed to talk about it.

Other sentiments expressed by the children include a feeling of helplessness, that neither they, nor adults have control over these weapons, which adds to their uncertainty about the future. Leah Lubin, age 13 from New Haven, Connecticut summed up this attitude at the New York regional hearing:

> Now that many weapons are controlled by computerized systems, the chances are even greater that one could go off accidentally. This just intensifies our feeling that we have so little control over what will happen to us . . . Some children feel that they cannot seriously plan for their future because the very existence of the earth is threatened.

Ursell Austin is also concerned about her future.

> I get angry when I think about maybe not being able to have a career . . . I want to be a midwife and help bring life into this world but I might not get the chance . . . It makes me wonder whether I should have kids at all.

Also of concern to every child who testified before the Committee on this issue is the allocation of financial resources for weaponry. There are not enough text books at Austin's school, and people wait for hours to see a doctor at county hospitals. It seems to her that "we shouldn't be spending so much money on more nuclear weapons when we already have enough to destroy every person on earth." Gerald Orjuela, straightforwardly said, "it is senseless to waste money on a missile."

Over and over again, the children ended their statements with a request to Members to give children a chance to grow up. "Think of all the new babies that are born," said Jessica Fiedler, age 11 from Muscatine, Iowa. "They won't have a future if there is a nuclear war . . . I want a future too," she added. Orjuela pleaded on "behalf of the children of the world, I beg of you, give yourselves and us a chance."

Adults are Listening

Findings from studies conducted by various researchers support the children's testimony. They show that an "increasingly high percentage of children are worried about the nuclear threat," according to Dr. John Mack, Professor of Psychiatry at the Harvard Medical School.

In his summary of data available on this subject, Mack referred to an extensive longitudinal study conducted by Jerald Bachman, at the Institute for Social Research at the University of Michigan. Questionnaires administered from 1975–1982 to 16–19,000 high school seniors nationwide found a four-fold increase in students reporting that they "often" worry about the chance of nuclear war.

Mack's own study, conducted from 1978-1980 for the American Psychiatric Association, found "a great number (of high school students) expressed fear about this issue—more than we had expected."

Dr. John Goldenring, a Junior Fellow of the American Academy of Pediatrics, presented new data collected in his study of 913 adolescents attending Los Angeles and San Jose schools. The study was specifically designed to correct problems in methods found in some earlier studies. Specifically, questions about nuclear war were "hidden" among other concerns. The results of Goldenring's study were also unexpected. He had hypothesized that only 10-15 percent of the respondents would be very worried about nuclear war. According to Goldenring, the data showed otherwise:

> The results quite frankly were astonishing to me . . . There was very significant concern among at least a third of the teenagers and in fact 58 percent of the teenagers were answering that they were worried or very worried.

Goldenring's findings were corroborated by data gathered by "Montanans for Children, Youth and Families" which indicate that the children of Montana "are most concerned about war and drug abuse."

Studies also show that children become aware of the nuclear threat at an early age. Dr. Louis Borgenicht, Assistant Professor of Family and Community Medicine at the University of Utah School of Medicine, conducted a recent questionnaire study of 75 intermediate school children in Salt Lake City, and found that "most children seem to acknowledge awareness of nuclear issues by the age of 12."

Forty percent of the respondents in Mack's study also reported that they were aware of nuclear developments before age 12. Dr. Robert Jay Lifton, Professor of Psychiatry at Yale School of Medicine, told the Committee that children "begin to take in . . . images of nuclear holocaust as early as the age of 5 or 6."

Despite the widespread concern voiced by children, many of them feel, as Gerald Orjuela does, that they are "alone." Dr. Mack also found that "many children feel they have no one with whom they can discuss the nuclear problem," and they feel "abandoned, isolated and unprotected by the adult generation, including their nation's leaders. This adds to the sense of hopelessness and creates cynicism." Forty-two percent of the students Goldenring surveyed did not think they had received enough information in school and more than half of those surveyed had never really had a chance to talk with an adult about their fears of nuclear war.

American children are not really alone in their fears, however. Studies conducted in other countries, including Finland and the Soviet Union, are showing that young people there are at least as concerned as are young people in this country about the nuclear threat.

It is a matter of great concern when children who have been surveyed tend to believe that a nuclear war will occur in their lifetime, and that they would not survive an attack. Over half of the respondents in both Goldenring's and Borgenicht's studies believe there will be a nuclear war in their lifetime, and over 80 percent of the Salt Lake City children surveyed do not believe their city would survive a nuclear attack.

Other studies have found that young people are "expressing less hope, less confidence in the future" than they did in the 1960s. The Committee heard testimony at the St. Paul hearing from Cynthia Myers, Executive Director of Metro-Help, Inc. of Chicago, which operates the National Runaway Switchboard. Of the 300,000 calls received annually, 30 percent relate to emotional concerns:

> This category includes teenagers expressing an alarming sense of hopelessness and helplessness. What is the purpose of working hard if the world will be destroyed before you are twenty? Why invest in the future if you wonder if there will be a future?

As Dr. David Elkind, Visiting Scholar at Tufts University, said, "The threat of a possible war is one more potential loss to the other potential losses they (young people) have to deal with."

Many psychiatrists and other investigators have begun to wonder about the effects a sense of futurelessness may have on the psychological development of children and adolescents. In his testimony, Mack questioned whether young people can form "stable ideals, which depend on a sense of continuity and confidence in the future" when that confidence is lacking. Lifton added that "We have to have a way of looking at our own relationship to the future as individual human beings, and more recent psychological study has adopted models that look upon issues of endless human connectedness as central to our psychological wellbeing in the here and now."

This sense of futurelessness may affect social behavior. Stephen Angell, Executive Director of Family Services in Dutchess County, New York, told Committee members about the increase in alcohol abuse among youth. "This can certainly be tied to the heightened stress for youth in today's society, the uncertainty about jobs, and the ever-present growing doubts about survival, in a thermo-nuclear world."

All the experts who testified agreed that when children exhibit concern about the possibility of nuclear war, positive steps can be taken to deal with that fear. According to Lifton, research findings are beginning to show that:

> The sharing of knowledge sensitively offered at proper age specific ways and with sensitivity to individual differences helps young people adapt to information and to threats, including knowledge about the European holocaust and knowledge about nuclear threat.

Dr. Goldenring shared the view that parents, schools and churches should begin to talk to children and adolescents about their fears in an age appropriate way. "In fact, it is important to answer their questions because they are concerned and if they don't get answers they resort to fantasy."

Dr. Mack recommended educational programs and open discussion with responsible adults, including government leaders. This is necessary, he said, because young people cannot be kept unaware, and need meaningful and accurate information. Elkind added that taking action is the best therapy for anxiety and dread. Jessica Fiedler concurred: "I think instead of worrying so much about nuclear war, we should do something about it."

CHAPTER 8: TEENAGE PREGNANCY

The Problem and Its Meaning

The level of national concern over teenage pregnancy is an accurate reflection of the dimensions of the problem. It is estimated that over one million teenagers get pregnant each year. Half that number actually give birth. According to Wendy Baldwin, of the Center for Population Research at the National Institute for Child Health and Human Development, "Among girls now aged 14 it is estimated that forty percent will experience a pregnancy before age 20 and that one-fifth will bear a child."

Dr. Baldwin helped place the complexities of teenage pregnancy in perspective, and reviewed for the Committee the historical dimensions of the problem.

—The post World War II baby boom resulted in a 43 percent increase in numbers of teenagers in the 1970's over the preceding decade.

—The actual number of births, and the birth rate among teens *declined* after 1970.

—The *proportion* of births to teens rose because the birth rates and numbers of births were falling for older women.

She added that more careful examination of the data reveals areas of deep concern:

—*Trends in birth rates:* During the seventies, the birth rates fell fastest for the oldest teens and actually rose for the very youngest, those under age 15, who are at greater risk for poor social and medical consequences. Births to teens under age 15 constitute less than one half of one percent of all births. Trends in births to women under age 15 were as follows: 7,500 births in 1960, 13,000 in 1973, leveling off to 11,000 at the present time.

—*Trends in out-of-wedlock births to teens:* While the actual number of births to teens and birth rates declined, the numbers of out-of-wedlock births rose during the seventies. In 1980, almost half of births to teens were out-of-wedlock as contrasted with 15 percent in 1960.

—*Trends in sexual activity:* In 1971, 26.8 percent of never married women 15–19 reported that they had engaged in sexual activity. By 1979, an estimated 42 percent of never married women were sexually active.

—*Trends in pregnancies:* Between 1974 and 1979, there was a 14 percent increase in the number of conceptions. However, relative to the increased numbers of sexually active young women, the pregnancy rate has actually shown a 1.2 percent decline.

The Committee learned from Angela Blackwell and Lois Salisbury, attorneys with Public Advocates of San Francisco, that the teenage pregnancy rate is going down for blacks and whites, but the gap is widening. There was a 118 percent higher teenage pregnancy rate in the black community than in the white community in 1981 as opposed to a 107 percent higher rate in 1978. Black mothers are almost 8 times more likely than white mothers to be under age 15 when they give birth.

Statistics documenting trends in local communities were reported to the Committee at its regional hearings.

—In the Washington Heights section of New York City, a predominantly Hispanic, low-income community, the overall birth rate has been increasing since 1973. In 1975 and 1976, Washington Heights had the highest birth rate for all districts in Manhattan and a rising percentage of out-of-wedlock births. In 1976, 20 percent of all teenage births in Manhattan were to teenagers in Washington Heights.

—In New York City, the most recent data show that 41.6 percent of all live births were to women under 18 versus 10.7 percent in upstate New York.

—In New York City in 1980, 77 percent of the births to teenagers were out-of-wedlock.

—In 1981, 11.6 percent of all births and 22.7 percent of all abortions in Minneapolis were to teens. The birth rate to teens in low-income neighborhoods is nearly four times that of the rest of the city (101.18 births per 1000 compared to 28.2). One out of ten teenaged girls in low-income areas gives birth each year.

—In Los Angeles County in 1981, nearly 14 percent of all births were to teenagers. Of these births, 10,150 were to Hispanic teenagers, 4,000 were to black adolescents, and 3,760 were to whites.

—There has been a steady increase in the number and percent of infants born to mothers under 15 years of age in Kern County, California, from 22 (0.27 percent) in 1980 to 41 (0.43 percent) in 1982, a 59.3 percent increase for the three year period, and a 43.4 percent increase from 1981 to 1982.

—The total number of live births in Orange County, California, in 1981 was 33,144, including 3,613 live births to teens. Data collected on live births in the county by marital status of the mother, for 1980, showed an increase in the number of unmarried women giving birth. From 1980 to 1981 there was a 7.7 percent increase in the number of births to women under 15. In 1981, 42 percent of teens who gave birth in the county were unmarried.

—In 1979, one of eight teenage girls in New Orleans was pregnant. In 1982, 31 percent of the babies delivered at Charity Hospital in New Orleans were born to mothers under the age of 20.

—Utah has the third highest teenage fertility rate in the nation. The Utah Bureau of Health Statistics recorded 4,244 births to teenagers in 1982. In 1981, one out of every nine babies in Utah was born to a teenage mother.

—In Illinois, one in six babies born will have a teenage mother.

Trends in local communities reflect the national picture of increases in the *proportion* of births to teens and the increase in out-of-wedlock births to teens. Moreover, it is clear that teen pregnancy is not an isolated concern of a particular geographic area or population, but one that affects many communities, regardless of economic or racial composition.

Risks and Consequences of Teenage Pregnancy

Teenage pregnancy carries substantial health risks for mother and baby particularly when no prenatal care is available.

Dr. Effie Ellis, Health Consultant to the March of Dimes and to the Quality of Life Program at the Department of Human Services, Chicago, described the substantial risks associated with teenage pregnancy. Infants born to teenage mothers are much more likely to die in the first year of life than those born to mothers over age twenty. The risk of maternal deaths are higher for young teenagers. Also, there is a higher incidence of toxemia and anemia in young mothers, and there are higher risks of complications during labor and delivery for the younger mother. Physical immaturity, especially for teens under 15, contributes greatly to the medical risk of teen pregnancy. Mothers aged 15 and younger are also twice as likely to have low birth weight babies than mothers aged 20–24. Even mothers aged 19 have LBW rates 27 percent higher than those who wait until early twenties.

As noted earlier, lower birth weight is highly associated with infant mortality. (See Chapter 1, "Children At The Beginning of Life: An Assessment"). In 1980, babies weighing 5.5 pounds or less born to teenage mothers had a neonatal mortality rate of 111.4 per 1000, and 6.9 percent of babies born to teens younger than 15 die before their first birthday.

Baldwin reported research findings which show "that the negative effects of maternal age on pregnancy and neonatal health found in population based studies were largely mediated by the *quality* of health care received by the mother and infant rather than being a function of the mother's biological age." While teens' actual physical immaturity may contribute to poor health outcomes, especially for teens under 15, it is the *lack of prenatal care* which exacerbates the likelihood of poor health outcomes.

Blackwell and Salisbury told the Committee that mothers under age 15 are 2.5 times more likely than mothers 20–24 to have no prenatal care in the first trimester, and nearly four times as likely not to get any care or to delay care until the last trimester. Mothers 15–17 are twice as likely as those aged 20–24 not to have prenatal care in the first trimester and, in fact, to have none until the last trimester or possibly not at all. In general, poor access to prenatal care for adolescents cuts across all economic, racial and ethnic lines, according to Baldwin.

Teens are at greater nutritional risk and are often not aware of the hazards associated with alcohol and cigarette smoking. The second highest incidence of heavy drinking among women is in the teenage years. Prenatal programs have documented that when women, including teenagers, are given information regarding appropriate nutrition, cigarette smoking and alcohol consumption, they do change their behaviors.

Living at or near the poverty level increases the social and economic risks for pregnant teenagers. Early childbearing can also plunge a young mother into poverty.

Families headed by young mothers are seven times more likely to be living below the poverty level than other families. The grip of poverty is difficult to break for teenage parents given the extreme limitations in employment opportunities. Baldwin noted that 10 years after high school women who became mothers while teenagers are more likely than their peers to be employed, but in low-paying dead-end jobs. These women also tend to have increased welfare dependency. More than one-half of the 1981 AFDC budget was spent on families begun when the mother was a teenager.

Baldwin added, "The relationship between educational attainment and economic well-being is strong, and there is consequently a significant association between early motherhood and later economic distress." Studies have shown that young women's educational achievement, relative to their aptitude, tends to decline after pregnancy. Other studies have shown that childbearing has a detrimental effect on continued educational or vocational opportunities. Georgia McMurray concurred with Baldwin's testimony:

> Specific measures have to be taken to open up educational opportunities for young people, particularly women. With all the attention now on education, and the changes some of us sought to liberalize school policies for pregnant teenagers, we still find that female students are trapped, by attitude or design, into traditional modes of behavior at an early age.

Without adequate supports, teen parents and their children face unrelenting and often dire consequences.

Young mothers are often frustrated, even overwhelmed by the experience of parenthood. Yet, one-third of teen mothers will experience a subsequent pregnancy while still in their teens. Minimal family stability compounded by unemployment or intermittent employment with low wages and little mobility enhance the frustration. Many studies confirm higher rates for marital separation, divorce, and remarriage for teenage mothers when compared to women giving birth at later ages. Longitudinal studies show that 78 percent of teen mothers said, in retrospect, that they would choose to have their first birth later. In general they also expressed less satistaction with life.

Unwed teen fathers appear to be not as affected since they most often are minimally involved in child rearing. One study shows that less than one-fourth of fathers were in weekly contact with the child's mother several years after birth, with the frequency of visits declining thereafter. The same study revealed that none of the unwed mothers received economic support from the child's father for all three years surveyed. Harold Richman, Director of the Social Policy Research Center at the National Opinion Research Center, told the Committee that more than half of the one-half million new fathers each year do not or cannot provide a home for their children. A survey of teen fathers conducted at Howard University's Institute for Urban Affairs and Research in Washington, D.C. found that ninety-six percent expressed concern for the future of the child, according to Dr. Ellis.

Many children of teen parents begin life with great disadvantages. However, programs which provide better health care or expand educational opportunities can ameliorate these hardships.

Elizabeth A. McGee, Director of the "Economic Self-Sufficiency for Teenage Parents" project at the National Child Labor Committee said, "The children of teenage parents tend to be less healthy, to be less adequate as parents, to achieve less academically, and to repeat their parents' patterns."

Empirical studies were cited by Baldwin to support some of these claims:

—Joy Dryfoos, formerly of The Alan Guttmacher Institute, and Lillian Belmont of Columbia University found lower IQ scores among children born to adolescent mothers.

—Howard Sandler of George Peabody College found lower motor and mental development scores at nine months from children whose mothers were 14 to 19 years old when compared to children of women who were 20 to 26 years old.

Baldwin warned, however, that research offers no support for a biological model of explanation of these effects; "rather the avenues through which effects are likely to operate are social and economic."

Why Are There So Many Pregnant Teens?

The predisposing factors or "causes" of adolescent pregnancy are no less complex than the consequences. There is much controversy over which factors are most influential in the occurrence of teen pregnancy and which factors can be dealt with most effectively.

McGee told the Committee, "Many experts believe that disadvantaged youngsters drift into parenthood because there are fewer options available to them through which they can find a sense of identity, self-worth, and a satisfying role for the future." Georgia McMurray concurred in her testimony, noting that adolescents who are black and poor recognize their limited opportunities for employment and upward mobility and view sexual expression as one of the few rights left to them.

One witness, Dr. Walter Williams, Professor of Economics at George Mason University, suggested that teen pregnancy is linked to the availability of social welfare programs such as AFDC and food stamps.

The Committee also learned that adolescent pregnancy tends not only to be correlated with poorer performance in school, but with a low sense of self-esteem, and a lack of close positive relationships with role models and peers. Delores Holmes, Director of Family Focus/Our Place in Evanston, Illinois, informed the Committee that many prevention programs have been targeted to those adolescents and pre-adolescents considered to be at high risk—because of family history of early pregnancy, limited role modeling and knowledge of positive life options and opportunities, and problems in school.

The most heated debate concerning the causes of teen pregnancy centers around the "permissiveness of society" and the clarity of social messages to youth regarding sex. Elizabeth McGee expressed this view.

> My own opinion—which I believe I share with many others—is that American institutions have failed to help young people make responsible sexual decisions because of

> a profound cultural confusion about what is responsible moral sexual behavior. Too many of us convey this confusion of a rigid, absolute standard of morality to young people. Mostly we are silent or preachy. As a result, our children are the victims of our confusion. Youngsters turn away from us to work out their sexual values.

Although there is evidence to the contrary, several witnesses expressed the view that the availability of contraception and sex education contribute to the increase in sexual activity and out-of-wedlock births. In fact, according to Baldwin, studies have shown that teens delay seeking contraception until they have been sexually active for six months to a year. A recent study has also shown that teens who have had sex education are no more likely to be sexually active, and less likely to become pregnant, than teens who have not had sex education.

There have indeed been many successes in reducing both the incidence of births to teens, and the school dropout rate among pregnant teens. Moreover, with adequate prenatal care, poor health outcomes for young mothers and their infants have been improved. (See Chapter 33, "Teenage Pregnancy.") But as Elizabeth McGee noted, these successes do not diminish the fact that most adolescent pregnancies are unintended or that teenage parents face acute hardship, particularly in times of cuts in spending for social programs.

Dr. Ellis called attention to the need for a broader perception of the problem and more comprehensive solutions. "Twenty years ago intervention with pregnant teenagers was considered only one strategy in a larger War on Poverty. Today, that War is forgotten and we tend to ignore the broader social context when we analyze this issue."

CHAPTER 9: ARE WE EDUCATING OUR CHILDREN

Despite the enormous gains that have been made in providing educational opportunities for all children, disparities in resources, quality, and access remain.

At the Committee's first hearing, Dr. Gerald Holton, Professor of Physics and History of Science at Harvard and a member of the President's National Commission on Excellence in Education, reminded Members of the fact that the American educational system is a $215 billion a year effort which touches virtually everyone's life, and involves 30 percent of the U.S. population as either student or educator.

According to Holton, the educational system is not preparing youth sufficiently. The Commission's study indicated that "Functional illiteracy among youth runs as high as 40 percent among minorities. Nearly 40 percent of our youth across the board cannot draw inferences from written material; one-third cannot solve a mathematics problem requiring more than two or three steps."

Holton indicated that these problems certainly make us a "nation at risk" given the demands of an increasingly technological society:

> Today a high school diploma or a college degree means nothing unless it is a certification of readiness for more learning, more training, more retraining, for the next four or five decades. Whether they will be managers or teachers, blue-collar workers or doctors, each of the 1 and one-half million new recruits entering our economy every year will be rapidly obsolete if they cannot be part of a constantly learning society.

Problems in Education

Children Out of School

Dropping out of school, functional illiteracy, under-enrollment, and suspension and expulsion policies are still problems in education, particularly for minority students.

The rate at which children are dropping out of school is one other example of the system's failure. Hundreds of thousands of children, especially minority and disadvantaged children, are continuing to drop out or to be forced out of school.

Harold Richman, Director of the Social Policy Research Center, National Opinion Research Center informed the Committee:

> In my city of Chicago, somewhere between 25 and 50 percent of the students who begin high school do not finish, a percentage which has been getting larger, not smaller, when more education, not less, is almost a necessity. About fifty percent of those minority students who drop out of high school before graduation do not even count themselves in the labor force.

Jack Levine, Executive Director of the Florida Center for Children and Youth, told the Committee that in 1980–81, more than 40,000 young people in Florida dropped out of the public schools and another 112,000 were not promoted to the next highest grade. In the State, black students comprised 23 percent of the public school population, but represented 33 percent of the non-promoted students.

In New York, Eve Block reported that no less than 45 percent of all New York City children and over 35 percent of children in Rochester, New York, who enter ninth grade fail to graduate. She added that "the number of black and Hispanic youth in the state who do not complete high school is over 50 percent—double the statewide dropout rate."

In Utah, Dan Maldonado expressed deep concern over the disproportionately high dropout rates for Hispanic students in his community, as well as the very high failure rate in science and math courses for those who stay in school.

Young people drop out of school for a variety of reasons. In Arizona, many leave because they simply cannot afford to continue their education. According to Karen Wynn, Executive Director of American Indian Education Consultants, Inc., the average cost for the fall semester of high school in the Tuscon area is between $60 and $125. Arizona is one of the few states in the country where older children must either buy or rent their text books. In addition, there are special class fees which put some students at a disadvantage:

> Students who cannot afford to take the special courses, such as science, computer literacy, art, P.E. (physical education), and languages, are finding themselves without the necessary credits to enter colleges or universities or other vocational choices past the secondary level.

Many extracurricular activities also have fees attached to them which prohibits some students from participating in them, and from developing their social and leadership skills.

While some children choose to leave school, many more are forced out, either temporarily or for good. Peter Negroni, Superintendent of District 12 in the Bronx, believes that:

> The suspension of children from class or from school for whatever reason is the ultimate confession of our failure to meet some deep-rooted needs. Therefore, the search for alternatives to suspension becomes a prime area of our concern.

Just as minority youth are over-represented in drop out rates, the Committee was told that they are also suspended and expelled from school at a higher rate. Barbara Kelley of the Junior League of New Jersey, informed the Committee that while black children represent only 18 percent of the statewide student population, they constitute 29 percent of all students suspended.

Mrs. Eva LeGard, a school board member in Baton Rouge, Louisiana, also told the Committee that "poor and minority students are suspended or expelled at the least provocation." In the 1982-83 school year, there were 15,362 suspensions or explusions. Of these, 73 percent of the suspensions, and 86 percent of the explusions were received by black students. She added that the major reasons for the largest number of suspensions are tardiness and the missing of behavior clinics, "some of which are as far as 22 miles from assigned schools without transportation service."

Jack Levine raised similar concerns in his testimony. A 1979 Office of Civil Rights study ranked the 100 worst school districts in the country for over-representation of blacks among those students who were suspended or expelled or received corporal punishment. Ten of Florida's 12 largest school districts were in the ranking, encompassing 60 percent of the state's public school population. In 1980-81, black students represented 37 percent of all corporally punished students, 38 percent of all suspended students and 43 percent of all students who were expelled.

Apart from those who drop out or are excluded from school, some children are never afforded the opportunity to gain an education. Barbara Kelley of the Junior League told the Committee that "it is easier for the educational system *not* to have some children in school." She went on to describe the very serious problem of underenrollment of Hispanic children in New Jersey. A study by the New Jersey Department of Education showed that as many as 80 percent of Hispanic school-age children in Newark, New Jersey, may not be in school.

Children With Special Needs

Implementation of quality special education mandated by the Education for All Handicapped Children Act depends not only on the availability of funds, but on the responsiveness of teachers, administrators, and regular students to the needs of children and youth with handicapping conditions.

Terry Hagenah, a mother of two disabled children in Minneapollis, related her experiences in trying to secure for them an appropriate education, within a non-restrictive school environment. Ms. Hagenah described the importance of parents being aware of the rights provided to children under the laws which require an appropriate education for handicapped children:

> Although one would hope that the school systems would be aware of and support the provisions of P.L. 94–142, (The Education for All Handicapped Children Act) clearly, it does not always work that way. It is the parent's responsibility to help professionals in schools look at the children as more than a "handicapped child" and to advocate that their child be treated as normally as possible.

LeGard described another aspect of the same problem: the shortage of teachers able to work well with both regular children and special education students in the same setting. She also pointed out how the proper programs in schools can help eliminate "problems created as a result of lack of understanding of the needs of special education students by regular students."

Training Youth for Jobs

While vocational education may provide an alternative for many students, it is not being as effectively or fairly utilized as possible.

Witnesses also described the critical importance of quality vocational education as well as the problems students have in meeting their needs. Although South Carolina secondary schools have some of the best vocational education facilities in the region, a statewide study showed that the numbers of students who complete their program and who actually find jobs in fields related to their training is exceedingly low. According to Gann Watson of the Southeastern Public Education Program:

> In school year 1980–81, 87,288 students were enrolled in occupational training programs. In that same school year 15,292 students completed their vocational training and were ready for placement. About 6 percent of these completers enlisted in the military and about 43 percent went into post-secondary education programs. The remaining 7,681 were available and waiting for employment. Of those, about 33 percent found employment in the field for which they were trained. Less than a third found jobs in a field unrelated to the vocational skills they obtained, and about 18 percent were unemployed . . .

Watson pointed to several factors which inhibit the effectiveness of vocational education. The programs are outdated; vocational enrollment in South Carolina continues "to fall along traditional, gender-related lines"; vocational education is still viewed as the system for the underachiever; vocational education councils seldom do much; and few vocational education students receive individual and comprehensive career guidance and counseling.

Drawing upon the findings of the National Commission on Excellence in Education, Gerald Holton called for greater commitment and support of vocational education to help prepare students for jobs in a changing marketplace. Marcia Weaver reported on the gains Mississippi has already made. Their recent reorganization of vocational and technical education should better match training institutions and area industries. In her view this effort has already resulted in some business expansion.

Barbara Kelley reiterated the need for vocational education, especially for unemployed youth in New Jersey, where their jobless rate at the time of the hearing was 23 percent.

Involving Parents and Teachers

Teachers cannot do it alone. Parents, who are often the best advocates for their children, should be encouraged to become an integral part of their children's educational and school experience.

Many witnesses before the Committee have focused on the value of parental involvement in school and educational matters. Peter Negroni described his initial skepticism about parental involvement, and the development of his current wholehearted support:

> I kept saying that parents were not important, that we could do the job without them. I have found that the more I involve parents in the process—and research indicates this throughout the country—the more you involve parents, the better the students get and the better the community becomes, and the parents are very ready to become involved no matter where they are.

The Committee heard that teachers have not received the support they deserve, creating serious problems for the quality of education provided to students. According to Gerald Holton, poor salaries and lack of influence over critical professional decisions make working as a teacher untenable for many teachers in this country. Those who stay in the profession, he added, increasingly come from the bottom quarter of their high school or college class.

Resources for Education

The support of public schools is critical—to ensure that all children have access to the quality education they deserve.

Several witnesses discussed the need to re-examine the current level of resources committed to education. Quoting the National Commission's report, Holton told the Committee:

> The Federal Government has the primary responsibility to identify the national interest in education. It should also help fund and support efforts to protect and promote that interest. It must provide the national leadership to insure that the nation's public and private resources are marshalled to address the issues. . . . A learning society

> means investment in education, not a quick fix, and it will be an investment on a considerable scale.

Holton indicated that the investment has not yet been forthcoming. For example, the level of spending for textbooks in our schools, which should be on the order of 5 to 10 percent of school budgets, is now down to .7 percent.

Eva LeGard expanded on these issues as they pertain to children in her state. As a mother of 11, a local school board member and member of the Louisiana Governor's Committee on Education, she testified that "inner city schools have traditionally received old, outdated books, instructional materials and supplies passed on from the affluent areas, which, in many instances could not be of benefit to the college bound student."

Weaver reiterated the need for support of the public schools in her state, Mississippi. There, public education is the only schooling opportunity most children have, as 86 percent of the children attend public schools.

CHAPTER 10: FOSTER CARE: CHILDREN SEPARATED FROM THEIR FAMILIES

Foster Care as a Response to Economic Stress

There is some evidence that low-income parents are increasingly being forced to choose between keeping their children and placing them in foster or respite care because they simply cannot afford to keep them at home.

Throughout the year the Select Committee heard of increases in the number of parents voluntarily surrendering their children to the foster care system.

Father Thomas Harvey, Executive Director of the National Conference of Catholic Charities, the largest private social service organization in the nation, told the Committee:

> High rates of long term unemployment, frequent evictions, spousal desertion can also mean parting with one's children. As we were preparing for this testimony, our New Orleans agency and our Galveston-Houston agency reported their experience with women facing the agonizing experience of deciding whether or not to give their children up, for short term crisis housing or for longer term foster care placement, sometimes necessary to enable the mother to try to find some employment and stabilize her situation, or to qualify for AFDC.

Members heard reports of similar trends in the states of Maine and New York. In Connecticut, Ms. Jean Adnopoz, Executive Director of the Coordinating Committee for Children in Crisis, said that the state's Department of Children and Youth Services is seeing a significant increase in adolescents, requesting out-of-home placement with the approval of their parents. But unlike voluntary placement of younger children which witnesses linked to economic-related stress, researchers are investigating the connection to decriminalization of status offenders. Adnopoz said:

> In the past, families who were having a great deal of difficulty with kids could call the police department. They

> may not do much, but that was the act that they could perform. Now they cannot do that. It may be that these families are responding by calling another state agency saying come and do something for us.

Inadequacies in Implementation of Adoption Assistance Statutes

The Adoption Assistance and Child Welfare Act (P.L. 96–272) has been successful in some localities in helping to keep children in their own homes or return them there expeditiously, or increase the likelihood of adoption. Lack of adequate federal and state funding, however, has left many children lingering in the system.

A report by the Youth Law Center in California cites serious deficiencies in implementation of the Act. In particular, there is a continued reliance on foster care instead of services to keep the family intact. Court review and permanency planning decisions tend to be perfunctory due to crowded court calendars, and rely on paper review, excluding the comments of all parties involved. For almost all of the adolescents, or hard-to-place children, courts opted for long-term foster care as the permanent plan in clear contrast to the intent of the reform laws.

Mr. Robert Praksti, representing the National Council of Juvenile and Family Court Judges, also provided Committee members with suggestions for improving implementation of P.L. 96–272. Specifically, he recommended that citizen review boards, in direct communication with the presiding judge, could expedite the legal process by providing external court review. Guardians ad litem could monitor and represent the children's needs. The commitment of state supreme courts could be enlisted to make permanency planning a priority. Praksti told the Committee this was done successfully in Missouri. (See also Chapter 35, "Foster Care")

The Indian Child Welfare Act assures standards for the placement of Indian children in foster or adoptive homes and prevention of the breakup of Indian families. The Indian Affairs Council of Minnesota established a legislative committee to investigate the over-representation of Indian children in foster care placements and to aid in the implementation of the Act. Norbie Blake, director of the Family Health Program of Fairview Deaconess Hospital in Minnesota, told the Committee:

> If you are an Indian child in Minnesota, it is eight times more likely that you will be out of your home and in some form of adoptive or foster care than if you are a white child. This figure is provided to us by a survey done in 1981 by the Minnesota League of Women Voters. This horrible figure represents an improvement over 1972, when the per-population ratio of Indian children to white children in foster care was 16 to one, but that improvement is of little comfort for the Indian family whose child is gone.

Steven Belton, President of the Urban Coalition in Minneapolis, shared a similar concern about adoptive and foster care placements of black children:

> In state fiscal year 1981 there were 2,186 adoption decrees granted in Minnesota including 100 adoptions of

> black children. Ninety-eight percent of white children were adopted by white families and of the remaining two percent, no white child was adopted by a black family. For black children, only 20 percent were adopted by black families and at least 71 percent were adopted by white families.

The Council on Black Minnesotans was successful in passing the Minnesota Minority Heritage Child Protection Act in July 1983, which establishes standards for the consideration of race, ethnicity and religion in making adoptive and foster care placements.

CHAPTER 11: JUVENILE JUSTICE: YOUTH IN CONFLICT

Why Do We Lock Them Up?

There is an urgent need to re-examine policies that result in troubled youth being locked up rather than treated.

Testimony presented to the Select Committee shows that there is a trend towards punishment and incarceration, rather than treatment of status offenders or adjudicated juvenile delinquents. Ms. Stella Horton of the Juvenile Resource Center in Camden, New Jersey, quoting the National Council on Crime, pointed out: "As a nation, we have grown increasingly fearful of youth crime and we see the solution to the problem of crime in locking up more and more youth."

Witnesses from many diverse geographic areas expressed great concern for that part of their juvenile populations caught up in state and local justice systems, and for the problems alternative providers and child advocates are facing in trying to maintain and expand successful alternative programs.

—Eve Block, the Executive Director of Statewide Youth Advocacy, indicated that New York had all but abandoned its 100 year commitment to treat rather than punish juveniles. She described the State's penal code as one of only four which defines adulthood at age 16.

—Block further indicated that there are some 3,000 New York State youths in jails and prisons. According to Block, protections afforded juveniles are undercut by the State's Juvenile Offender Law, which tries 13, 14 and 15 year olds in criminal courts.

—Florida has the highest pretrial detention rate in the nation; and over one-third of all delinquency referrals are admitted to secure detention. In 1981-1982, more than 700 juveniles were in adult jails, 40 percent of whom were 16 years old or younger.

—In Arkansas, juvenile court and criminal court have concurrent jurisdiction over 15-19 year olds, with the prosecutor deciding if the youth is tried as an adult or juvenile.

Alvera Stern, Director of Prevention/Education Services of Youth and Shelter Services, Inc. in Ames, Iowa, described the special problems of youth in rural communities, with smaller populations and greater isolation. "Rural communities are troubled by a lack of services from crisis intervention to juvenile probation services. It is not uncommon for several counties to share one probation officer, and juvenile court to be held only once every four months." She added that:

> Rural communities often do not have access to services in the public or private sector for non-court involved youth. Young people and families in crisis may have to wait until there is police involvement until they are able to get "help". That "help" may be by way of an institution 200 miles away, and consist of incarceration for the youth, and minimal family or community involvement.

Catherine Blakemore, an attorney with Protection and Advocacy, Inc. in Los Angeles, citied statistics from the California Child Study Foundation which indicate that 46 percent of children and youth who have been diagnosed as having attention deficit disorder with hyperactivity (learning disabilities) have been arrested for a felony offense; and that 25 percent of this group have been incarcerated as a result of that offense.

Blakemore added that although the need has been documented, specialized instruction and other kinds of services for this group of juvenile offenders have not been adequately provided. In Los Angeles County, with one exception, juvenile offenders are not routinely screened to determine the existence of a learning disability or other handicapping condition. There is no systematic method of assessing the needs of youth or providing special education services for them, despite an interagency agreement between the Department of Education and the California Youth Authority.

The costs of focusing on punishment rather than treatment and rehabilitation and on lock-up rather than more appropriate placement—especially for first time, non-serious offenses—are considerable. In New York, the new thrust has meant an increased demand for secure beds, to the extent that in 1983 New York spent $32 million to construct secure facilities. According to Block, such an investment in capital improvement has created a serious budget imbalance for the juvenile justice system, leading to the situation where juvenile delinquents institutionalized for lesser offenses are increasingly unable to get appropriate treatment.

Jack Levine, Executive Director of the Florida Center for Children and Youth, described the philosophical and budgetary tug-of-war in Florida. Levine said that funding for secure detention represents 25 percent of the State's total budget for delinquency services. Because detainees have not been adjudicated, the detention programs do not provide treatment, only custodial care at the cost of $40.00 per child per day.

Training school commitment in Florida is about $12,000 per client per year. However, little of that amount goes for mental health and rehabilitative services. Psychologists' caseloads are at 1:200 ratio and basic supervision is provided by cottage parents who earn less than $9,000 annually. "Unfortunately, as secure detention and training schools consume nearly half of the delinquency services budget allocation, the range of more effective programming is severely restricted." Levine added that the community-based programs that exist are filled beyond capacity and as a result, juveniles are pushed into training schools.

Who Are These Youth?

Looking closely at the young offender population, it is clear that many can become productive citizens if prevention services are made available.

Youth who get involved with the juvenile justice and/or criminal justice system are typically young people who have had difficulty somewhere else before their encounter with the law. Dr. Michael Cupoli, Director of the Section on Child Development, Department of Pediatrics at the University of South Florida, testified that reports from clinical practitioners and surveys of juvenile offender records reveal that an estimated 70-80 percent of juveniles in detention and delinquency homes have been abused or neglected as children. The rate rises for older prision populations. In Arizona, according to child advocate Georgia Vancza, more that 90 percent of the prison population indicated that they had been abused and neglected as children, and 50 percent had been in foster care.

In Florida, the Office of Inspector General, Department of Health and Rehabilitative Services, conducted a formal review of agency records on status offenders. Ellen Hoffenberg, Director of the Guardian Ad Litem Program in Florida, described the study results to the Committee:

—30 percent were abused or neglected children.
—20 percent committed crimes.
—50 percent were diagnosed as learning disabled, mentally retarded or emotionally disturbed.
—36 percent were from unstable homes.
—40 percent were from single parent families.

She added that "Thirty percent of these children have been referred to the agency five or more times for intervention and help. The overwhelming reason for placing them in detention centers is lack of appropriate resources."

Jack Levine echoed that same concern, adding that "confinement operates to inflict more harm than good. It is a forced choice that cripples any chance to solve the child's myriad of problems."

Prevention and Treatment: Who Pays?

As resources dwindle and confusion grows over who treats troubled youth, youth offenders are facing incarceration rather than a second chance.

Programs that help youth offenders and many others are threatened by funding shortages. Consequently, state and local agencies are being pressed to make the best use of scarce resources. Joseph Cocozza, Executive Director of the New York State Council on Children and Families, described the Council's attempts to "develop more efficient organization and operation of the State/local, public/voluntary system of social, educational, mental health and other supportive and rehabilitative services to children and families." One of their projects is called "Alternatives for Youth at Risk: An Interagency Coordination Project." The Project is designed to coordinate funding, planning, administration and evaluation of services to juvenile delinquents and status offenders. This program too, reports Cocozza, is jeopardized by recent budget cuts.

Donna Davies, Coordinator of the Regional Child Advocacy Team and President of the Connecticut Association for the Prevention and Treatment of Child Abuse and Neglect passed along similar concerns: "As the Federal budget cuts (continue) and affect the States, at some point the Federal Government will say that it is the State's problem—'deal with it'."

Carlisle described a similar funding crunch in Maine which is skewing the available resources away from prevention and community-based programs: "Without that (juvenile justice) funding, community-based alternative programs will fall by the wayside, and States will be resorting once more to locking up children in spite of the fact that it is far more expensive both in terms of money and cost to human lives." (See also Chapter 36, "Juvenile Justice")

CHAPTER 12: HOMELESS RUNAWAY YOUTH

Linkages With Child Abuse and Neglect

Increases in child abuse and for some, drastically reduced family incomes, are causing more youth, unable to find solutions, to run away from home.

Many persons who work with troubled youth have reported to the Committee that they have seen an increase in runaways coming to shelters without personal or family resources. At the Miami hearing, Linda Irwin, Executive Director of Youth Alternatives, Inc., in New Orleans, told members that in 1982, her agency experienced a 12 percent increase in the numbers of youth using shelter services. In addition, fewer and fewer of these youth were able to return home, in large part because of abuse:

> . . . between 1965 and 1981, the number of residents reporting abuse at intake doubled. This partly explains why fewer youth have returned home after leaving us. For the last half of the last fiscal year, 73 percent of the residents in our program were either already the state's custody or it was determined that the youth was in danger of being abused if returned home.

Other reasons youth give for not returning home include the general economic and emotional incapacity of their families to provide adequate care. The New Orleans Mayor's Task Force on Human Services estimated in its Comprehensive Needs Assessment of March, 1980, that fully 50 percent of the 5–8,000 runaways that pass through New Orleans annually ". . . are 'pushout' or 'throwaway' youth from families who cannot care for them or do not want them."

Ms. Deborah Shore, Executive Director of the Sasha Bruce Youth Work, Inc. in Washington, D.C., told Committee members during the Crisis Intervention Task Force hearing, "Teenagers in Crisis" that homeless youth are ". . . completely without institutional resources that will provide them a place to grow up . . . I cannot emphasize strongly enough how serious a gap in services there are for our homeless youth. We see dramatic cases every week of youth who have been living in an abandoned car or building for sometimes six months before coming to us in rags and hungry." Ms.

Shore warned that homeless youth are at risk both to commit crimes and to become exploited victims:

> It is a harsh reality that, at least in our jurisdiction, youth who get caught for committing a crime have a wealth of services available to them as compared to those who are made homeless through no fault of their own. Unfortunately, without effective intervention, many homeless youth will soon be picked up and brought into the juvenile or criminal justice system as they commit crimes to stay alive on the streets.

Rural youth or youth from relatively affluent areas are no less vulnerable. Ms. Alvera Stern, Director of Prevention/Education Services, at Youth and Shelter Services, Inc., in Ames, Iowa, described for the Committee the hardships farm families have suffered because of recent economic conditions. The impact of economic and policy developments on rural youth are expressed in the nature of the problems they bring to the treatment center: "Most strikingly, our statistics show increasing problems in our non-metropolitan areas with alcohol and drug related problems, with sexual exploitation of kids including incest and prostitution for both boys and girls, an increase in runaway/homeless youth, and increases in incidence of depression, suicide and other stress-related items."

Mr. Stephen Angell, President of New York State Association of Family Service Agencies, provided further evidence that an increasing number of youth are running away from their homes. Describing results of a survey of family service agencies in New York State, he told the Committee members:

> Several areas of the state report an increased incidence of runaway youth. Family services in Niagara Falls, in the first three months of 1983, served twice as many runaway youth as during the same period last year. They noted a higher percentage coming from step families. Dutchess County shows a clear upward trend with 185 runaway youth served in 1980, 386 in 1981 and 420 in 1982. Partly this can be attributed to improved programming for serving these youth, but other factors would seem also to be responsible. Increasing family stress, resulting from economic stress could be one such factor.

Mr. Angell's statements were corroborated by testimony from Ms. Verona Middleton-Jeter, member of the Governor's Task Force on the Homeless in New York State: "Some adolescents, 16–18 years old, are homeless because the economic pressures are too great. Family ties are severed and they are unprepared for making it on their own. These youth are adding to the increasing runaway youth population."

When the Streets Become Home

Sometimes there is just no place for youth to go.

At the Santa Ana hearing, Select Committee members learned what often happens to runaway youth who do not find their way to a shelter, but try to "make it" on the streets. Detective William

Dworin of the Sexually Exploited Child Unit of the Los Angeles Police Department told Committee members that children who become victims of sexual molestation, pornography, and prostitution ". . . are usually from unstable homes and are lacking a loving attentive home environment. They lack proper parental supervision and some are runaways. As such, they spend the majority of their time alone in public places. These children are seeking attention and affection which makes them extremely vulnerable to the wiles of pedophiles."

Detective Dworin warned that sexually exploited children can become adult perpetrators, noting that over 80 percent of admitted child molesters had been victims as children.

One witness focused the Committee's attention on another population of homeless youth—those who "age-out" of foster care at 18 with little or no skills to succeed independently. Eve Block described the plight of these youth at the New York hearing:

> Young persons without homes, especially those over 16 when the status offense category ends, are rarely placed by the child welfare system, and are dumped out at age 18 if they have been in at all.
>
> Despite recent increases, both State and Federal funding for runaway and homeless youth is still inadequate to meet the long-term needs of older adolescents who have nowhere to go.
>
> Adult homeless legislation does not address this need. The Runaway and Homeless Youth Act must be expanded to provide for extended independent group living arrangements.

SECTION 3: FAMILIES

CHAPTER 13: CHILD CARE: WHO WILL WATCH THE CHILDREN

Arranging for Child Care in the Eighties

There will be more young children and more mothers in the labor force during the next decade than ever before. Under current policies, it will be very difficult to find affordable quality child care for children.

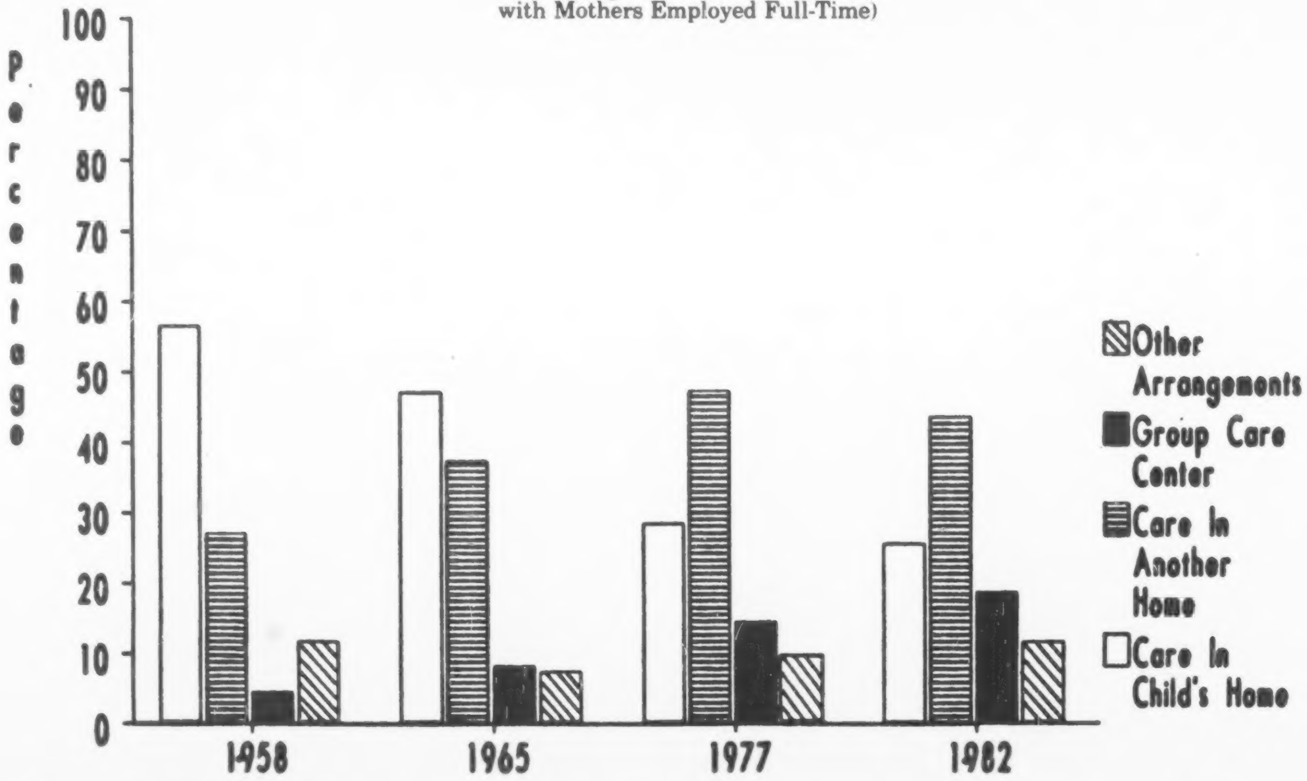
At the Committee's first hearing, Bruce Chapman, at that time Director of the Bureau of the Census, described the way changes in family demographics are affecting child care arrangements. Today more mothers with preschool children are working fulltime than ever before. Consequently, the percentage of preschool children receiving care in their own homes has declined from 57 percent in 1958 to 26 percent in 1982. There has also been a significant increase in the proportion of children cared for in group care centers, rising from 8 percent in 1965 to 10 percent in 1982. (See Chart C and Table 4.)

The Committee's second publication, a Congressional Budget Office study entitled *Demographic and Social Trends: Implications for Federal Support of Dependent-Care Services for Children and the Elderly,* indicates that the continuation of demographic shifts visible today will exacerbate the need for affordable child care in the future. The report shows that the demand for dependent care for children under 10 (child care for pre-school children, and after school care for school-aged children), will increase during this decade as a result of continued growth in the number of young children, growth in labor force participation of women, and increases in single parent households. The report concludes that "It is likely that in the absence of federal intervention, the supply of dependent care accessible to lower income families will not keep pace with the increase in demand." CBO reports that if affordable child care is not available, some low and moderate income families would shift to more informal, lower quality care with less supervision, while others would be forced to leave their children unsupervised. In both cases, children's physical, emotional, and educational needs could suffer.

CHART C

Child Care Arrangements

(Percentage of Preschool Children
with Mothers Employed Full-Time)



Source: See table 4, p. 131.

Changing Families, Changing Needs

For differing reasons, families from all geographic areas and economic groups are seeking more diverse and creative kinds of child care than are now available.

Betty Shaffer, Director of Child Care Advocates of America, told the Committee that child care is not merely a concern for single parents. "Even in Orange County (California) it takes two incomes to support a mortgage and meet the needs of the majority of two-parent families." Several witnesses identified affordable child care as a priority for their communities. Celeste Kaplan told the Committee that even though California has historically been a leader in the child care field, "we are nowhere near having the child care we need." Similarly, Barbara Kelley, on behalf of the Area 1 chapter of the Association of Junior Leagues, Inc., tesitified in New York that "approximately 200 day care centers exist in New Jersey—an amount estimated to meet about 10 percent of the need."

Suzanne Clow, Associate Director, Child Care Program, Phoenix Institute, Salt Lake City, reported that, in Utah, 52 percent of women work outside of the home. If the trend continues, by 1990 70 percent of women in Utah will work, and the need for child care will grow commensurately. She pinpointed three special areas of need in Utah: infant care, child care for sick and disabled children, and care for "latchkey" children; children now going without adult supervision after school. Clow told the Committee:

> Infant care is critically short. There are currently 95 infants on a waiting list for placement in child care whose parents work in downtown Salt Lake City. There are now two infant care centers in Salt Lake City, but the cost and minimum number of children limits their use.

Nancy Claxton, Administrator of Orange County's Department of Education child care program, told the Committee in Santa Ana that the longest waiting lists for child care were for after-school care, followed by demands for child care for children under age 2. "In Orange County," she said, "infant care is difficult, if not impossible, to find either in the subsidized sector or at any price."

With regard to child care for sick children, Clow reported at the Utah hearing:

> There is no sick child care service available to parents. Families have to rely on their informal and often unreliable provider network since licensed providers cannot take sick children. The negative costs to families, employers and ultimately the community, are high when children are sick—parents overuse precious vacation time and often jeopardize jobs when there is no leave policy for sick children. Businesses can be crippled, particularly during winter, when too many parents are absent with sick children. Employers might think of setting up a sick child care program as one innovative employer has done on the East Coast.

The need for after-school care was also mentioned by several other witnesses. Shaffer told the Committee that "no child care for school age children means that thousands of children are left unattended and become 'latchkey' children." Claxton reported that in Orange County four school districts have started parent-supported after-school programs. She added that although school districts throughout the State are making surplus classroom space available to non-profit groups such as the Y.M.C.A., "there is still not enough school-age child care." Dade County School Board Member Janet R. McAliley told the Committee at the Southeast Regional hearing that a number of schools in Miami were kept open for after-school programs in response to a demand for after school supervision.

In Utah, Clow reported that there are some after-school child care programs being run through child care centers and boys and girls clubs, but she added that "Schools do not want to think about extended child care programs because current budgets are inadequate. Failure to provide after-school care adversely affects both business and society-at-large." She added:

> In the meantime, office telephones ring off the wall at 3:00 p.m., and productivity goes down as parents help ground their children in activities until they get home. The negative costs to the community and the workplace for not dealing with latchkey children are limitless and already adding up. Most disturbing is the legacy of their childhood experiences during these long, unsupervised times which they will pass on to their children.

The particular child care needs of low-income and single parent families were pointed out by several witnesses.

Janet R. McAliley told the Committee that in Dade County, Florida, neglect is the most frequently reported complaint, saying that "we believe this is an indicator of the need for additional low-cost child care facilities." In Orange County, California, there are 11,000 children on waiting lists for subsidized child care, with only 1,700 spaces available, Shaffer told the Committee. She testified that 80 percent of these were single parents, 60 percent of whom were employed and another 38 percent either actively seeking employment or in training.

Robin A. Page, a single mother in Utah, also addressed the accessibility issue, saying:

> There is a serious lack of adequate, affordable and easily accessible child care, especially infant and toddler care. For a year, I had to drive 40 miles a day to take my infant son to a Title XX licensed child care provider. Several times I was nearly forced to terminate my schooling because I had no infant care. Had I been employed and had this problem, I would surely have lost my job.

Child Care for Migrant, Immigrant and Native American Children

David H. Pingree, Secretary of the Department of Health and Rehabilitative Services for the State of Florida, reported that Florida has a significant problem with migrant workers who need child care for their children. "We estimate that more than 200,000 migrants arrive in Florida between October and May of each year," he said. "With an average family size of 4.7 people, we are barely scratching the surface of need presented by this mobile population." Although the Redlands Christian Migrant Association operates 32 day care centers, serving 2,500 children, it turns away more than 800 migrant children because space is not available.

Pingree told the Committee of the State's efforts to serve the migrant population through its Migrant Child Education Program, which served 5,800 migrant children in grades K-12 and provided $2.5 million for education of preschool migrant children:

> Despite these efforts, we have found that there is about an 80 percent school drop-out rate for migrant children. One study has shown that out of 100 migrant children entering first grade this year, only two will graduate from high school. These statistics are obvious indicators that we have been unsuccessful in significantly reducing the prospect of continuing poverty for migrant families in this country.

California is also concerned about access to child care for its migrant population. Nancy Claxton, told about inequities in the Federal Migrant Care Program:

> In order for a child to be eligible for a Federal Migrant Child Care Program, the child must have moved with his family within the last five years. In fact, agencies are finding that the younger children in farm labor families have not been part of the migration and have been born in the local agricultural community. This requirement prevents programs from serving the youngest children in farm labor families and negates the major intent of the Migrant Child Care Program. The major intent is to provide child care for younger children so that school age children can attend school.

Roger E. Biamby, Executive Director of the Haitian American Community Associaton of Dade, Inc. stressed the need for child care in the Haitian community. Presently there are no programs for Haitian children in elementary, junior high and high schools. The impact on the entire community is apparent. He said:

> Many Haitian mothers are willing to work, but such (child care) facilities are non-existent. Many would like to go to school and learn skills, but they are unable to pay for private day care. They would like to become contributing members of their respective households.

Karen Wynn, a consultant on educational issues for off-reservation American Indians, spoke about the need for additional child care centers to meet the needs of dual-earner families. She said, "More than half of the mothers in our area with children under the age of six work. We see it as a vital economic necessity today to have some type of assistance for these parents." She reported that 50 percent of parents who need child care use day care home facilities rather than day care centers, which are used by only 15 percent of families. One of the reasons for this is that there are few child care centers located in areas that are accessible to minorities.

Quality of Care

The quest for quality care becomes an endless task.

Nancy Claxton described the importance of developing a diverse child care delivery system which includes family day care homes and center based programs from the public, non-profit, church-related and private sectors, as well as centers within the public school system. Speaking about the issue of quality child care, she said:

> Our national concern about the quality of our public schools must recognize the importance of the early years in a child's development and the fact that the majority of our children will be in out-of-home care for a major portion of their first ten years of life. This is a significant and staggering change in American family life.

Claxton advocated licensing all types of child-care facilities to ensure minimum standards for health, safety, and developmentally appropriate environments. Marcia Weaver, Project Coordinator of the Mississippi Chapter of the American Academy of Pediatrics, reported that in Mississippi over 28,000 children are without licensed care while their parents work. In Utah, Clow indicated that 80 percent of child care is still provided "underground" in unlicensed care. She added:

> There are only 14,000 licensed child care slots statewide—7,000 each in homes and centers. The remaining 90,000 children are in unlicensed care or on their own. There simply is not enough licensed child care that the state can monitor and parents can trust. Potential providers need information on the benefits from licensing.

An important factor in assuring the quality of child care is the pay of child care workers. In the St. Paul regional hearing, Agnes Mansour, Director of the Michigan Department of Social Services, reported on the lag in salaries for child care workers. Two out of every three employees of day care centers are paid below the minimum wage. Using her own figures from Utah, Suzanne Clow reiterated the seriousness of this problem:

> Child care cost is another problem for Utah. The service is expensive, yet providers—mostly women—seldom make a profit. In 1981, average salaries for lead teachers/directors were $4.14 an hour; for teachers, $3.53 per hour; for aides, $3.15 per hour. Providers earn substandard wages; they rarely receive retirement, health benefits, paid vacation or job security while working long hours. In a sense, these providers are subsidizing parents who are working and training at the provider's financial expense.

This produces a Catch-22 situation. She said, "Parents say they cannot afford child care, yet they want quality care. Providers say they cannot provide a quality service unless they charge fees that allow them to pay decent wages and benefits to qualified staff." (See also Chapter 37, "Child Care")

CHAPTER 14: CHILD ABUSE/FAMILY VIOLENCE: THE RISING TIDE

Perhaps the most startling and horrifying trend of the last few years has been the dramatic increase in family violence. Many families are responding to economic crisis by turning on each other with violence and despair.

Increases in family violence—both child abuse and spousal abuse—were persistent themes heard by Members as the Select Committee conducted its nationwide assessment of children, youth and families.

Father Thomas Harvey, Executive Director of the National Conference of Catholic Charities, the largest private social service agency in the nation, told the Committee: "In 1980 our agencies served 13,312 abused children. In 1981, 19,070. And in 1982 we served 21,988 abused children."

Ms. Donna Davies, President of the Connecticut Association for the Prevention and Treatment of Child Abuse and Neglect, presented both nationwide statistics collected by The National Committee for Prevention of Child Abuse and statistics for Connecticut:

> Between 1979 and 1981, there was a 106 percent increase in child abuse reports nationwide. Last year, child abuse related deaths increased nationally. In Connecticut they went from three in 1981 to nine in 1982. These are only the ones that we know about which have been caused by child abuse . . . At least 35 states indicate that they are seeing more serious cases of abuse, and the amount of reported child sexual abuse is dramatically increasing.

Many other states and cities experienced similar increases. In Utah reports of child abuse have increased 61 percent since 1979, and confirmed cases have increased 27 percent. In fact, Frank Matheson, Chairman of the Utah Child Abuse and Neglect Advisory Council, told the Committee:

> This increasing trend of child abuse and neglect . . . for the fiscal year 1982-83, reveals among other things, a three-fold increase in the trend of confirmed abuse referrals. . . . The upward trend since 1978 may be greatly influenced by better reporting and investigative techniques. But based on the information we do have, and by comparison over the past four years, it does appear child abuse and neglect in this state is on an epidemic course.

In Maine reports of all child maltreatment increased 166 percent between 1976 and 1980, and reports of sexual abuse increased 42.3 percent. Michigan had 38,000 cases reported in 1983 and experienced an increase in severity of cases. The Denver, Colorado area had a six fold increase in confirmed sexual abuse cases between 1980 and 1983—from 15 to 99— and saw an increase in the severity of physical abuse. Los Angeles had a 46 percent increase in child abuse reports between 1978 and 1982 and a 35 percent increase in confirmed cases.

Inez Wagner, Executive Director of the Duluth, Minnesota Program for Aid to Victims of Sexual Assault (PAVSA) told Committee members:

> Today, PAVSA has taken the Child Sexual Abuse Prevention Project into over 500 elementary classrooms and reached 12,000 children in the three-county area. I would like to share some of our previous suspicions that were validated through this project.
>
> We learned that the national estimate of one-in-four girls being the victim of sexual abuse before 18 years of age appears to be accurate. There is seldom a classroom in which we do not find children sharing an abusive situation.

State statistics indicate that in Indiana child abuse fatalities increased by 48 percent from 1980 to 1983. Child abuse reports increased from 21,929 in 1982 to 25,757 in 1983. According to the Indiana Federation for Children and Youth:

> This situation was compounded by the loss of all staff for the state offices of the Indiana Chapter of the National Committee for Prevention of Child Abuse and Parents Anonymous. . . . In Indianapolis, a major referral source for child abuse prevention, the Parent/Child Development Center closed its doors in the spring of 1981. In Fort Wayne, a similar pilot program has failed to develop due to lack of funds. Although only this last example was a direct result of budget cuts, a clear picture was given of decreasing budgets in both the public and private sector.

Other kinds of family violence, especially spousal abuse, have also increased substantially. Father Harvey reported that nationwide, ". . . The number of abused adults coming to our agencies jumped from 7,244 to 13,566. Many of our agencies have opened new shelters for abused wives and children."

Ms. Betty Tatham, Executive Director of the YWCA in Salt Lake City reported that since 1976, five shelters serving abused women and their children have opened in the State of Utah. In 1983, 3,000 women and children were served—2,000 from Salt Lake City alone.

Michigan has also experienced increases in the need for shelter services. According to Dr. Agnes Mary Mansour, Director of the Michigan Department of Social Services:

> Domestic violence in Michigan is on the rise. State funded spouse abuse shelters report an increase of 58 percent, or about 37,000 reports of care provided between 1980 and today. Cases of abuse and neglect of aged or disabled adults have also increased.

The Committee heard about similar increases in the demand for shelter services by abused women in sections of New York State and California.

While direct causal linkages are difficult to make, there appears to be a pattern connecting increases in family violence with increased unemployment. Dr. Richard Krugman, Director of the C. Henry Kempe Center in Denver, Colorado, described one analysis correlating severe child abuse cases seen in Denver from 1964 through 1982 and high levels of unemployment. Child abuse fluctuated in concert with unemployment, peaking in 1974 and 1982, and declining for the years between. Krugman also analyzed data for the first nine months of 1983 and found that as the unemployment rate dropped to 7 percent, the number of cases of physical abuse in an annualized rate also dropped by approximately 20 percent. Krugman concluded:

> We believe, as experts and non-experts in the field have said for years, that there is a relationship between unemployment and physical abuse of children. Whether this occurs because of increased psychological stress, an increased number of hours an individual who is potentially abusive has with a child, or inability to obtain care, we do not know. There are other factors, such as alcoholism and substance abuse, that are also associated with both child abuse and unemployment.

Other witnesses described the connection between unemployment, emotional strain and family violence in their communities. Among these, Father Harvey described families deteriorating in 6 to 9 months after the father's loss of a job. Patricia Mapp, Director of the Wisconsin Children's Audit Project, reported that a 3 percent increase in unemployment in 2 Wisconsin counties was paralleled by a 125 percent increase in reports of abuse and neglect in 1982.

Stephen Angell, President of the New York State Association of Family Service Agencies, also linked spousal abuse with unemployment. Drawing from a survey of many of the Association's fifty agencies, Angell noted that family violence is an area where agencies are experiencing increases in requests for help. He attributed the increase to heightened public awareness of the problem and to a rise in family violence in response to greater social and economic stresses. Angell said:

> One New York State agency which has studied the matter reports that 5 to 6 weeks after a man has become unemployed, there is a sharpy increased incidence of family violence.

Other witnesses stated that family violence is frequently a learned behavior and tends to proliferate with each new generation. Dr. Michael Cupoli, of the Department of Pediatrics at the University of South Florida, told Committee members that violence often begets violence:

> The jails are full of people who were abused as children. Most data show that 80 or 90 percent of everybody in jail were abused and neglected as children. Seventy to 80 percent of people in juvenile detention and delinquency homes have been abused or neglected as children.

CHAPTER 15: HOMELESS FAMILIES

Homelessness Now Affecting Families as Well as Single Adults

Homelessness, long a problem among a small percentage of single adults, now appears to be a serious and growing problem among families.

Father Thomas Harvey told Committee members that many families are in need of emergency shelter:

> If all this suggests to you that there are more people on the streets you would be correct. But not only the traditionally observed "street people" . . . You find intact families on the streets, and you find mothers with children on the streets. We're talking about children who are very ill from living outside in the winter. One of our agencies reported a baby who died of hypothermia, even though bundled up in the auto where he was living with his mother and father.

Also in Washington, Committee members heard a personal account of homelessness from a divorced mother of a nine year old handicapped child. Janice Haynes explained that she lost her job in a rural section of Ohio, despite a good work record as a nurse's aide, because she did not have $500 to fix the transmission in her car. Her job was 40 miles away and she could not find alternative transportation. She had to turn to AFDC for income support, but it was not enough to pay the rent and utilities.

Mrs. Haynes sought out her ex-husband who housed her for six days. At the end of the week help came from the local Catholic Charities agency:

> Well, on the day we were finally put in the streets, my son and I, the caseworker at Catholic Social Services called as we were leaving and we did not know where we were going to go. I had already called the Salvation Army and they were filled. They had no beds, not even anything on the floor. And a caseworker from Catholic Social Services said they had an apartment. They had just put furniture in it, it had opened up. We got it. We did not get cold that night, we did not stay out.

In New York City, it is hard to imagine why 3,000 children and their families should go homeless.

The hearing and site visit in New York City revealed the dimension homelessness has reached. Georgia McMurray, Deputy General Director of the Community Service Society, urged Committee members to visit a hotel that was serving as shelter for homeless families:

> Three or four persons crowded in one room; no recreation; no day care; children out of school; no cooking facilities. And their meals! Fast food restaurant fare, pizzas, soda pop. Only three of these hotels have social services.

Officials of New York City's Human Resource Administration gave Committee members a tour of the Hotel Martinique, a hotel housing 300 homeless families, the largest such hotel subsidized by the City of New York. Members talked with resident families in the hotel lobby and visited with them in a small, dark, one room apartment where a family of four slept on a mattress on the floor. This particular family ate all its meals out because there were no cooking facilities. Families living in this hotel told the Members that their children spent many hours on the subway traveling to and from school in distant neighborhoods, and were unable to visit friends or participate in extra-curricular activities, and had no safe place to play beyond the hotel lobby. Some families were in the hotel because their apartment buildings had burned or were without heat. Other families were in the hotel because the welfare shelter allowance they received—$218 per month for a family of four, the amount had not changed since 1975—was too low to afford private housing and public housing was filled.

At the "Families in Crisis" hearing, Committee members heard more about the problems of homeless families in New York City from Verona Middleton-Jeter, Associate Director of the Henry Street Settlement Urban Family Center in New York City. Middleton-Jeter told the Committee:

> Recently the New York City Housing Authority estimated that about 17,000 families were doubled up in their buildings. They estimated having a waiting list of over 164,000 families. Given the fact that the Housing Authority has a policy against "doubling-up" we can assume that the percentage in private housing is even higher.

As a member of the Governor's Task Force on the Homeless, Middleton-Jeter also commented on the plight of homeless families in other areas of New York State: ". . . I have heard testimony on the homeless in several different areas of the state. These areas include New York City, Albany, Syracuse, Binghamton, Weschester, Buffalo and Happauge, Long Island. Everywhere we went the testimony overwhelmingly identified an increase in homelessness."

Redefining Priorities To Address the Needs of Homeless Families

Committee members heard about similar dramatic increases in homeless families in other areas of the nation. At the Santa Ana hearing members learned that in Tucson, Arizona, the Salvation Army experienced a 100 percent increase in requests by families for emergency shelter and food in one six month period during 1983. Dr. Duc X. Nguyen, Director of the Vietnamese Youth Center in Garden Grove, California, told the Committee that homelessness also affect Indochinese refugees:

> It is hard to believe that there is starvation and homelessness amidst so much wealth in our society. But a number of Indochinese, like other Americans, are enduring these hardships. Most of these people are waiting to receive public assistance. These hard times have an impact on the families and their children.

Ms. Jean Forbath, Executive Director of Share Our Selves (S.O.S.) in Orange County, which has the second highest income level of any county in California, testified that:

> The lack of affordable housing in Orange County is almost at a crisis level. Every day S.O.S. sees scores of people who have been evicted and cannot afford the move in costs to find another place . . . It has been estimated that there are approximately 4,000 homeless people every night in our County. They range from the bag ladies, the transients, the mentally ill, to families just down on their

> luck. Orange County has very few emergency shelters and none owned or operated by the County. The few shelters there are always full and overcrowded.

The Committee also learned that one consequence of the growth in homeless families has been an increase in the numbers of children voluntarily placed in forster care. Both Harvey and Middleton-Jeter described this development in their testimony as did Ms. Jean Adnopoz, Executive Director of the Coordinating Committee for Children in Crisis in Hamden, Connecticut:

> Some families have requested placement of their children because they were unable to find adequate housing or maintain the utility service. We will do everything we can to prevent the further trauma of separation for these children.

CHAPTER 16: HUNGER IN AMERICA

Increasing Signs of Nutritional Deficiences

Hunger is on the rise in America. In many communities, children are now showing increased signs of malnutrition and anemia. Furthermore, poor economic conditions coupled with a reduction in federal assistance has forced record numbers of families to seek food at soup kitchens and food pantries across the country.

Medical and nutrition experts in St. Paul reported an increase in malnutrition among children and high risk pregnant women. Ms. Martha Ballou, former director of the Governor's Task Force on Emergency Food and Shelter in Minnesota, told the Committee; "The impact of these deficiences over the long run have led to a doubling of the number of short stature children and a tripling of the number of those underweight."

Dr. Edward Ehlinger, Director of Personal Health Services, for the Minneapolis Department of Public Health, provided additional evidence of inadequate nutrition. Describing a recent effort to provide nutrition and medical services to a new population of high risk pregnant women and infants, Ehlinger stated: "This is the first time in a long time we have been able to do outreaching of the WIC program, and its been dramatic the kinds of people we have been able to pull in. We have had a 25 percent increase of anemia in the people we have been pulling in which is something we have not seen since 1974." Ehlinger later clarified that the 1982 incidence of iron deficiency anemia—an indicator of malnutrition—is double the incidence found in a similar population in 1974.

The Select Committee has received information documenting similar trends in malnutrition among children living in Boston and Chicago.

Emergency Food Assistance

In describing an April, 1983 survey of individuals receiving emergency food assistance conducted by the East Harlem Interfaith Welfare Committee, Ms. Kathy Goldman, Director of the Community Food Resource Center, asked, "What must it mean when 27 percent of the people responding admit that they either begged or stole to provide food to their children before they came to church?"

The Interfaith Welfare Committee report also documented that cases of iron deficiency anemia among people receiving food assistance increased 7.4 times between 1980 and 1982.

In testimony before the Select Committee's Crisis Intervention Task Force, Father Harvey stated that, "Our (Catholic Charities) agencies report that in the last two years, meal programs have shifted from serving almost only single adults to serving an increasing number of intact families, an increased number of mothers with children."

The clientele at food centers has changed in other ways as well. While the chronically poor still continue to seek assistance, the "new poor" also includes those who are recently unemployed or underemployed.

Dramatic increases in the numbers of individuals and families requesting emergency food assistance took place in wealthy and low-income communities alike. In Orange County, which has the second highest median income in California, 160 families, every day, wait in line for two hours for surplus cheese, milk and peanut butter. In one autumn month of 1983 alone, 18,000 people in Orange County sought and received emergency food assistance.

Mr. Stephen Angell, Executive Director of Family Services of Dutchess County, New York, another affluent suburban community, told Committee members, "In 1981 emergency food was given to 2,738 individuals, in 1982 the number was 3,883, and already through the end of June 1983 food has been given to 2,667 persons. This projects to a total of over 5,300 for 1983."

The combined evidence of measured increases in malnutrition among mothers and young children in several cities, and numerous reports of dramatic increases in the number of families seeking emergency food assistance signifies a trend of rising hunger in the United States.

II. WHY IS THIS HAPPENING TO CHILDREN AND FAMILIES?

SECTION 1: FAMILIES UNDER PRESSURE

CHAPTER 17: UNEMPLOYMENT

The Costs of Unemployment

As a result of unemployment increases between January 1980 and December 1982, American families lost $171 billion. The combined effects of unemployment and recession pushed millions of more children into poverty.

Many witnesses, at regional and Washington, D.C. hearings, drew a correlation between recent record high levels of unemployment and adverse effects on American families. Isabel Sawhill, Senior Fellow at the Urban Institute, noted that the unemployment rate rose from 6.3 percent in January, 1980 to a peak of 10.8 percent in December, 1982, a 71 percent increase. This translates into an increase from 6.7 million to 11.9 million unemployed. In comparison, unemployment rates averaged less than 5 percent in the 1960's and just over 6 percent in the 1970's, according to Alice Rivlin, then Director of the Congressional Budget Office.

How much have unemployment and economic recession cost American families? In her testimony, Sawhill estimated that the total cost in income lost to families over three years (1980–82) is $171 billion:

> This represents not only the cost of high unemployment but also lost opportunities for those seeking jobs, decreased hours and lower earnings. It represents the equivalent of over $2,000 per family. In short, if the costs of the recession had been shared equally across the nation, this is what each family would have contributed to the cause.

Not only has the recent recession cost each family a great deal of purchasing power, it also has contributed greatly to the number of families and children in poverty. Sawhill indicated from studies conducted at the Institute for Research on Poverty at the University of Wisconsin, that a 10 percent increase in the unemployment rate is associated with about a 2.5 percent increase in the incidence of poverty (discounting government transfers). "Thus a rise in the unemployment rate from 9 to 10 percent could be expected to increase the number of people in families with poverty level earnings from 20 percent of the population to 20.5 percent, adding over a million people to the group."

Alice Rivlin told the Committee the recent high unemployment has, in fact, increased the numbers of children in poverty. Rivlin testified that in the last three years, the percentage of all children who are poor has risen from 16 percent to almost 20 percent. More than one-fourth of all children now live in households with incomes below 125 percent of the poverty level ($12,328 for an urban family of four). Rivlin noted that:

> Rising unemployment rates have been even more important in increasing the number of children in poverty (than increases in the proportion of children in single parent families) . . . Families with an unemployed parent are three times as likely to be in poverty as those with no unemployed adults—18 percent of the first group are poor, compared with 6 percent of the latter.

Who Is Unemployed?

Unfortunately, those families and communities already most vulnerable are those most hurt by unemployment. Bureau of Labor Statistics' studies indicate that unemployment is more likely to strike those with low incomes. The Committee learned that in 1981, the median weekly earnings of those who experienced some unemployment equaled only 72 percent of the median of those who suffered no unemployment.

The Committee learned that unemployment has a greater impact on married couple families than on female-headed families. Based on findings of a recent University of Michigan study, Sawhill reported that within any income group, male-headed families experience drops in income from unemployment that are nearly two times as great as those experienced by female-headed families. Female-headed families are, comparatively, less affected because of their greater dependence on income transfers.

The experience of families in Michigan illustrates the extent to which married couples are harder hit by unemployment. Dr. Agnes Mansour, Director of the Michigan Department of Social Services, testified that the Michigan AFDC caseload increased by 14 percent over the last three years, despite cutbacks in eligibility instituted during that period. The bulk of the increase occurred in the unemployed portion of the caseload, made up largely of married couple families. She told the Committee, "These intact families are desperately in need of financial and service supports before the stresses of their situation destroy the family they are attempting to hold together."

Michigan is one of the areas hit hardest by unemployment. Both Mansour and Virgil Carr, President of the Family Service Association in Detroit, described widespread joblessness in their state. Mansour noted:

> Unemployment has been in double-digits in Michigan for 44 months, an astounding indication of the depth and duration of a very real depression. In spite of recent modest improvements, there are still almost 600,000 people in Michigan who are out of work. That is more than the entire population of the states of Delaware and Vermont.

Two witnesses described the problems of unemployment among Native Americans. Cheryl Peters, Vice President of the Menominee

Youth Development Program on the Menominee Indian Reservation in Wisconsin said 61 percent of the adults on the reservation and 91 percent of youth were unemployed. Susan Vassau Tall Bull, Acting Executive Director of the Qua Qui Corporation, a service agency for urban Indians in Missoula, Montana, reported that the unemployment rate in Missoula County for Native Americans was 79 percent in December 1983.

Other witnesses reported on unemployment in their communities. Marcia Weaver, Project Coodinator, Mississippi Chapter, American Academy of Pediatrics, indicated that unemployment averaged over 10 percent for over 21 months in Mississippi. Joseph Williams, Director of the Wyoming WIC program, informed the Committee that unemployment in his state had jumped from 3.5 percent in 1980 to 10.1 percent in 1983.

The frustration of those who want to work but cannot find jobs was expressed by one jobless father of three from the Iron Range in Minnesota:

> We are people up here with a great deal of pride and we work and pay our taxes. We love America and this is very hard for us to swallow our pride and to accept the help we get . . . We feel we have no choice but to take this (help) and can hardly wait for the time we are back working.

Youth Unemployment

The Committee also heard about high levels of unemployment among youth. Harold Richman, Director of the Social Policy Research Center at the National Opinion Research Center, reported that approximately 22 percent of white youth and 44 percent of black youth were unemployed nationally in 1982.

Witnesses from both urban and rural areas told the Committee that youth unemployment was of "crisis" proportions in their communities. Georgia McMurray, Deputy General Director of the Community Service Society in New York City, reported unemployment among the city's youth averaged 31 percent in 1981 for all 16-19 years olds, with unemployment among black youth particularly high. Alvera Stern, Director of Prevention/Education Services at Youth and Shelter Services in Ames, Iowa, told the Committee that youth in rural areas "are faced with a triple whammy of problems they never expected," including the cutoff of CETA youth funds, loss of jobs due to technological change on the family farm, and the removal of areas of labor intensive crops due to the "PIK" (payment-in-kind) program of agricultural price supports instituted in 1983.

Is Recovery on the Way?

The future holds some promise of recovery, though the process will be slow. Many suggest that only select groups will benefit from increased job opportunities and the proportion of children in poverty will remain high.

What employment patterns can families expect in the future? Sawhill analyzed the effect of a strong versus a weak recovery on future earning power. She told the Committee that if the GNP were to grow at an average rate of 3.5 percent beginning in 1983, unemployment would not fall below 6 percent until 1990 and the additional loss of family income during that period would be $235 billion, or $2,647 per family after taxes and transfers. Alternatively, if GNP growth averaged 5.5 percent, unemployment would fall below 6 percent by 1985 and the average family would only sacrifice $665 through 1990. Thus a strong versus weak recovery translates into an additional $283 annually in real disposable income per family between now and 1990.

With regard to the numbers of children in poverty through the 1980's, Alice Rivlin told the Committee, the "The CBO currently projects that unemployment will decline only slowly, and will still average 7.5 percent in 1988. If that occurs, the proportion of children in poverty will remain high."

Long range changes in the American economy and their potential significance were also described for the Committee. Isabel Sawhill projected a 27 percent growth rate in the labor force between 1980 and the end of the century. Many of the new job opportunities will be in white collar, technologically oriented fields and service occupations.

Sawhill said, "Fears that technology and an increasingly competitive world economy are going to produce widespread unemployment seem unjustified."

However, two witnesses suggested that those who are poor and lacking education and training may find it increasingly difficult to compete in future labor markets. Georgia McMurray told the Committee that between 1977–1981, job opportunities increased by 167,000 positions in the state of New York. However, because growth occurred in those fields for which extensive training was required, low-income residents received relatively few of the positions.

Similarly, Dan Maldonado, Executive Director of the Institute for Human Resource Development in Salt Lake City, Utah, told the Committee about the potential for employment-related problems for Utah's Hispanic population:

> It naturally follows that a largely under-educated or uneducated population results in a clustering around the low end of the socioeconomic strata. . . . As we become more technologically oriented, the ability to compete for existing employment will become more difficult. . . . There has been speculation recently among sociologists about a permanent underclass. I believe this looms as a distinct possibility unless there is intervention.

CHAPTER 18: THE STRUGGLE OF SINGLE MOTHERS TO PROVIDE

Income in Female-Headed Families

Although unemployment is the most important reason why there are so many more impoverished children since 1980, the increase in the numbers of children in households headed by single women has also contributed significantly.

Alice Rivlin told the Committee, "Since 1970, the proportion of children in single parent families has grown from about 13 percent to about 21 percent. About 90 percent of children in single-parent families live with their mothers, and over half of all children in households with female heads were in poverty in 1981."

The Committee heard from Rivlin that female-headed families are disproportionately poor because women, on average, earn less than men, and because female-headed single parent families have fewer earners than married couple families. (See also Chapter 19, "Women's Earnings and Wage Inequities: The Struggle Persists").

Bruce Chapman, former Director of the U.S. Census Bureau, informed the Committee that among families with householders working year-round, full-time, families with a female householder had a median income that was 58 percent of the median income for married couple families. Chapman added that in 1981:

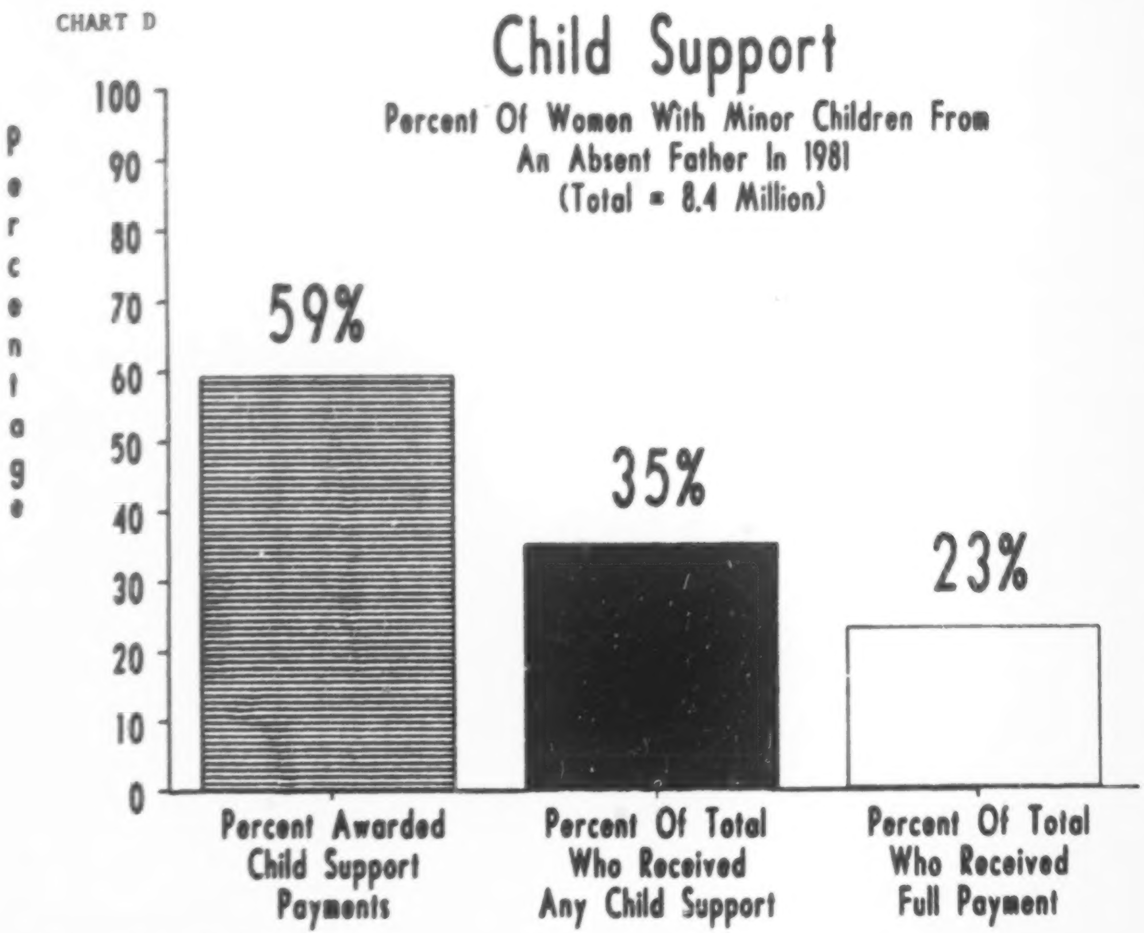
> Families maintained by a female householder with no husband present represented a much larger proportion of black families (42 percent) than of white families (12 percent). Thus, one could expect considerable difference in median family income between the two race groups on the basis of differentials in family composition. Family composition differentials cannot account for the total income difference between the races, however. . . . Other factors such as education, occupation, and residence may also contribute to differences in income between races.

Child Support

The adequacy of the current child support system remains highly questionable.

Given the increase in single-parent, female-headed families, the adequacy of child support payments has become a more critical issue. In 1981, 8.4 million women had children under 21 years of age and no father present. The Committee learned that only 4.5 million (59 percent) of those women were awarded child support by the courts. Even more striking was the fact that only 2.9 million (35 percent) actually received some payment, and only 1.9 million (23 percent) received full payment. In all, 4.6 million women received no child support payment. Of the 4.6 million women who had to rely solely on sources of income other than the absent father for their children's support, 41 percent had incomes below the poverty level. Both the likelihood of support, and the amount of support are highest when the mother is legally divorced, white or has a college education. (See Chart D and Table 5.)

CHART D



Source: See table 5, p. 132.

Diana Pearce, Director of Research, Center for National Policy, Catholic University, noted that for those families receiving support, the average annual payment per family, when adjusted for inflation, actually decreased 16 percent between 1978 and 1981, to an average of $2,110.

The adequacy of child support settlements was also raised by Sawhill. She told the Committee that "There has been an assumption in the courts that when a couple divorces, the father should be expected to pay, in the way of support . . . a sort of minimum subsistence level income." On the other hand, McMurray pointed out the fact that in New York and elsewhere, many black men lacking skills and training, are unable to provide support to women because they cannot compete in the labor market.

CHAPTER 19: WOMEN'S EARNINGS AND WAGE INEQUITIES: THE STRUGGLE PERSISTS

Women's Workforce Participation and Family Income

Participation of women in the workforce is increasing, as is their contribution to family incomes. Lower income families are most dependent on the wife's contribution.

The millions of American families who are dependent on income brought in by women are subject to particular economic pressures. Diana Pearce reviewed the extent to which families are currently relying on the earnings of women.

—Over half of all American wives are in the labor force.

—Of 26 million wives who work, 11.4 million worked full time, contributing an average of 37.6 percent of the family's income.

—In families in which total income is less that $15,000, the wife's contribution averages more than half.

—Of the 5.2 million women who maintain their own households, and who have children under 18 at home, about two-thirds work or are looking for work.

Corroborating Pearce's testimony, Bruce Chapman told the Committee that in 1981, median family income in married couple families where both worked was $27,745, 36 percent higher than the $20,472 median income of married couples with only the husband as the earner. Chapman said, "To some extent, the American family has probably avoided an actual deterioration of its economic status by the increased participation of wives in the labor force, but their entry could also have affected wage rates."

Wage Inequities

Even when women try to provide for their families, persistent obstacles—lower pay, occupational segregation, and a dual welfare system—keep them struggling to stay out of poverty.

While many families depend on earnings brought in by women, women's average income is substantially less than men's. According to Pearce, "Median weekly gross earnings of women workers—and here there is no difference between wives and women heading households alone—was $190 in 1978, compared to $324 for husbands."

On this issue, Sawhill reported the results of research conducted by the National Academy of Sciences which show that large inequities in pay between men and women at the same job are not common, but there is a significant amount of "occupational segregation":

> It's the old thing of women working as nurses and secretaries, and men working as doctors and lawyers . . . that is the reason for the enormous gaps (in median income). That kind of occupational segregation exists after you adjust for education levels and experience levels.

Similarly, Alice Rivlin told the Committee, "The earnings of women are just less. Women often have a shorter work history. They have not been in the workforce as long. But even when they have, on the average, women are in less desirable jobs and their earnings are less."

According to Pearce:

> One consequence of this differential in earnings is that women, even those with full-time jobs, often cannot earn enough money to keep their families out of poverty. The percentage of black and Hispanic households headed by women working full-time, year round whose families are still poor is as high as the percentage of families maintained by white men who did not work at all.

Pearce indicated that inequities in wages are paralleled by inequities in the system of public benefits. She described a "dual welfare" system, consisting of primary sector and secondary sector benefit programs. Primary sector programs tend to provide substantial and reliable benefits, including unemployment compensation, Social Security, and veterans' programs. Secondary sector programs provide less generous and less reliable benefits, including welfare and public assistance. Secondary sector benefits are disproportionately received by women and minority persons. Pearce told the Committee: "Which sector one receives benefits from makes a large difference in whether one is likely to be poor: only about 5 percent of those receiving primary sector benefits are poor, compared to about two-thirds of those receiving secondary sector benefits."

CHAPTER 20: HOUSING: AN AFFORDABILITY GAP

Renter Households

Many obstacles are put in the way of low and moderate income families in their difficult quest for affordable housing.

Concurrent with the recession, the stock of available, affordable rental housing has been declining and the price of home ownership has been escalating. One of the results has been that lower-income families and the elderly, those who primarily rent, have been forced to lower their housing needs, double up, seek shelter, or in the case of tens-of-thousands, become homeless.

An overview of the housing situation was presented to the Committee by Cushing Dolbeare, President of the National Low Income Housing Coalition. The Low Income Housing Information Service estimated that in 1980, 61 percent of all renter units had incomes below the Federal threshold for housing assistance (80 percent of median income) and 40 percent had very low incomes (50 percent of median income).

Dolbeare continued:

> This being the case, it is small wonder . . . that the vast majority of very low income renters pay more than half their incomes for shelter . . . . There are, quite simply, a lot more poor renter households than there are low rent units in the housing industry . . . . There are four million more renter households with incomes below $7,000 than there are units renting for $146 per month or less, including utilities, which is what a household with a $7,000 income can afford. There are almost twice as many households with incomes below $3,000 than there are units renting for less ~~than $63 per~~ month.

Dolbeare noted that even by conservative estimates, the "poorest of the poor" in need of housing assistance number 29 million, including more than 11 million children and 4 million elderly.

During the 1970's, financial pressures have intensified for renter households more so than for homeowners. Between 1970 and 1980, after adjusting for inflation, median housing costs for renters and homeowners went up at roughly the same rate. However, median renter *income* increased by 22 percent, whereas median homeowner income climbed by nearly 50 percent.

Clearly, renters were hardest hit by inflated housing costs. According to Dolbeare, the proportion of family income spent on rent more than doubled between 1970 and 1980 for families with very low income, from 34 percent to 72 percent.

Adequate affordable housing for low and moderate income families is a problem throughout the country, as the Committee learned at its regional hearings. For example, in New York, according to Georgia McMurray, the maximum welfare shelter allowance for a family of four provided is $218. But because low cost housing is so scarce, 63 percent of all families receiving AFDC pay rents above the shelter allowance.

Witnesses representing family serving agencies in New Haven, Connecticut; Portland, Maine; and Orange County, California, made similar points. A. L. Carlisle, Chair of the Maine Juvenile Justice Advisory Board, told the Committee that there is a two-year waiting list for decent, affordable housing in Portland. Jean Forbath told the Committee: "The most important issue that we can see is the lack of affordable housing in Orange County . . . . Every day, Share Our Selves sees scores of people who have been evicted and cannot afford the move-in costs to find another place." In Orange County, the median rent was $525 per month, as of October, 1983.

Homeowners

The number of families who own their own home has declined. For those families who want to buy homes, significant impediments remain.

It is the American dream to own one's home. Yet, as Joseph Scully, President of St. Paul Federal Savings and Loan in Chicago and a member of the U.S. League of Savings Institutions reported, the percentage of homeowners is declining in the U.S. "The decline is slight, but it is there. Since the 1940's, the percentage of homes owned or being purchased by their occupants had been growing. But so far in this decade, it has declined almost one full percentage point—to 64.8 percent."

Two factors are responsible for this decline in homeownership. First, there now exists an "affordability gap." The cost of available housing and the price a typical first time buyer can realistically pay are about $14,000 apart, according to Scully.

Second, the pool of capital which savings organizations use to finance home mortgages is declining, causing interest rates on mortgages to rise to levels unpalatable for many families. Scully indicated that this situation is partly due to shifts in the age structure of the American population. The number of Americans in the prime borrowing years, 25–44, is increasing while the number of individuals in the 44–65 age bracket, the age when most people save most heavily, is declining. "What that means for housing is obvious; the pool of savings needed is going to decline at a time when we badly need more money—not less—to met rising housing demands."

Housing capital shortages were also linked by Scully to high federal budget deficits:

> When Federal deficits are high, it is the Federal Government which is first in line at the credit window, driving up interest rates for the next person in line. Unfortunately, it is always the prospective house purchaser who is the last in that line, and he or she is stuck with the brunt of the high interest rate impact.

George Sternlieb, Director of the Center for Urban Policy Research at Rutgers University told the Committee that potential homeowners lacked "buying power." As a consequence, although only informal research has been conducted on the subject, families now appear to be sharing households in substantial numbers, or "doubling up," not only in the inner cities, but in "classic suburbia" as well. Sternlieb added:

> As best we can figure out, there is somewhere on the order of at least 2 to 3 million housing units which are now . . . illegally occupied by two households where at one time there was one. Some of this is salubrious, it may be elderly looking for some help and company. Some of it is a very sad commentary on the decline of housing buying power that is practically generic.

CHAPTER 21: CHILD CARE COSTS

After squeezing dollars from food, shelter and clothing budgets in order to pay for child care, many families have to sacrifice quality care for affordability.

At several hearings, the Committee heard about the substantial cost families can incure for child-care services, and the lost income opportunities some of them must endure because of an inability to pay for those services.

Paying for Child Care

Suzanne Clow, Associate Director of the Phoenix Institute's Childcare Program in Salt Lake City, indicated that Utah families can easily spend 10 percent of their budgets on child care. She pointed out that child care is the fourth largest expenditure families incur after food, shelter and taxes, and families with more than one child needing care often must spend 25 percent to 50 percent of their budget on child care. Betty Shaffer, Executive Director of Child Care Advocates of Orange County, California, expanded on this point. She noted that only 10 percent of women with full-time jobs earn more than $15,000 a year, while child-care costs average $45-$75 per week per child. Consequently, a single mother can pay over 50 percent of her earnings on child care. Reporting the results of United States Department of Agriculture studies, Diana Pearce told the Committee that day care costs are 8-9 percent of the average single mother's expenses.

Clow, among other witnesses, indicated that child care subsidies for low-income families receiving AFDC often fall below minimum costs for care, and reductions in those subsidies over the last two years have further eroded the ability of low-income families to purchase quality care. Lynn Shafer, Administrative Director of Warm World Development Center, Stillwater, Minnesota, a child care facility licensed for 140 infants and children, told the Committee:

> Parents receiving AFDC cannot afford quality child care. Their AFDC child care maximum of $160 monthly is only $7.21 per day. Warm World's pre-school age tuition is $12 daily, or $15 per day for an infant. If they were to use center care, the remaining $5 to $8 daily would have to be squeezed from food, clothing and shelter budgets.

Jean Adnopoz, Executive Director of the Connecticut Coordinating Committee for Children in Crisis, noted that subsidy reductions have severely hurt families who are self-sufficient.

The Costs of Insufficient Care

For some families, the lack of low-cost, quality care means placing children in informal or marginal child care arrangements, or leaving children without adult supervision. (See also Chapter 13, "Child Care, Who Will Watch Watch The Children.") However, for others, the lack of affordable care means that one parent, usually the mother, must forego working outside the home and cannot contribute to the family's income. In the introduction to the Select Committee's second report, *Demographic and Social Trends: Implications for Federal Support of Dependent-Care Services for Children and the Elderly,* 1982 Census data were reported which indicate that 26 percent of mothers of children under 6 not now working (1.7 million women) would seek employment if affordable child care were available.

According to that Census Report, the apparent shortfall in the supply of reasonably priced child care is particularly acute for single mothers and low-income mothers. Forty-five percent of the single mothers surveyed indicated an unmet need for child care prohibited them from looking for work, and 36 percent of mothers in families with incomes under $15,000 reported that they would seek employment if affordable care were available.

Several witnesses at regional hearings echoed these findings. Among them, Roger Biamby, Executive Director, Haitian American Community Association of Dade County, Florida told the Committee that the lack of child care prohibited many Haitian women living in Florida from working. Similarly, Eve Block, Executive Director of Statewide Youth Advocacy based in Rochester, New York, commented on the financial effects on families of recent Federal and state cuts in low-income child care assistance:

> While some parents chose to leave work altogether and to go on welfare rather than to neglect their children, many struggled to pay the fees of centers—often unsuccessfully. Still others placed children into the care of older siblings, or were forced into merely custodial arrangements which offer little or no opportunity for intellectual and emotional growth—TV becomes the teacher of these children and junk food their nutrition.

CHAPTER 22: THE COST OF HEALTH CARE

Another cost that competes for limited family resources is health care. For low income and uninsured families and for children with chronic disabilities or rare diseases, the prohibitive cost of health care can have dire consequences.

According to Karen Davis, Professor of Health Policy and Management at Johns Hopkins University, in 1979, the U.S. spent $215 billion on health services, supplies, research and construction, or 8.9 percent of the Gross National Product. In 1982, the U.S. spent $312 billion or 10.5 percent of the GNP. "In just three short years, health spending increased by 50 percent, considerably faster than growth in family incomes."

The direct expenses families incur for health care include the cost of health insurance premiums and out-of-pocket payments to physicians, hospitals, pharmacies and other providers of care. Many American families are covered by employer-based health insurance, allowing them to pay, on the average in 1983, $325 annually as their share of insurance costs. For those without employer-based insurance, individually purchased insurance is substantially more expensive.

The Committee learned that there are 25 million Americans without public or private health insurance, but as many as 34 million may be uninsured for some part of the year. The poor, minorities, young adults and rural residents are more likely to be uninsured than others.

Davis further indicated that the numbers of families without health insurance rises during periods of high unemployment, with the loss of employer-sponsored coverage. Many of these families, however, cannot qualify for Medicaid because of severe asset restrictions and because of categorical restrictions that exclude many two-parent and childless couples. Davis told the Committee:

> The uninsured and the inadequately insured can and do incur rather substantial direct out-of-pocket expenses for health care. One in 10 families, representing 18 million people, spent 10 percent of its income on out-of-pocket health expenses in 1977. Over 3 million families or 7.6 million people had out-of-pocket payments exceeding 20 percent of family income. For such families, health care expenses are truly catastrophic.

Witnesses at the Santa Ana and Miami hearings corroborated Davis' testimony. Weaver described the plight of a Mississippi family that had to use all of its savings to pay for obstetrical care when the father lost his job and his employer-based health insurance. Still more devastating was the impact on the family of Denise Ojala, whose 13 year-old has spina bifida. The required medical costs actually caused her family to go bankrupt.

Ojala's experience was similar to other families with children who have low incidence handicaps or rare diseases. Adam Seligman, Director At-Large for the National Organization for Rare Diseases, who himself has the neurological disorder Tourettes Syndrome, described the exceptionally high costs of treatment that can be incurred for both the victims of rare diseases and their families. He noted, for example, that the average maintenance cost for a child with cystic fibrosis is $12,000 annually, not including hospital visits or other emergencies. If the child survives to become an adult, he or she may not be able to get private medical insurance because of the severity of the disease. Yet the same person may also be denied public assistance as the bulk of his or her medical expenses are considered preventive in nature, and the patient does not fit the definition of "disabled":

> Denied aid on the grounds that he is too sick on one hand, and denied aid because he is not sick enough on the other, the cystic fibrosis patient still has enormous bills to pay, and little to look forward to except an early death from the most common genetic killer in the country.

Even those families with health insurance, especially those with children, can incur substantial out-of-pocket expenses for services not covered by their insurance plans. According to Davis, most of the cost of pediatric care, especially preventive services, is borne directly by families. In 1977, 73 percent of all pediatric care expenditures were paid by families, 15 percent by private health insurance and 10 percent by Medicaid. Three-fourths of the cost of prescription drugs, 73 percent of dental care, and 84 percent of the cost of eyeglasses is paid by families.

Davis concluded by commenting that low income and uninsured families forced to choose between health care and food or clothing often forego preventive care and early treatment for illness, thereby compounding health problems.

Jean Forbath provided examples from Orange County, California, which echo Dr. Davis' conclusions. Commenting on the fact that many medicines formerly available to low-income individuals under California's MediCal program were cut from the approved list as a cost saving measure, Forbath told the Committee:

> Scores of people come to us with prescriptions they cannot afford to have filled. We have seen sick children who have gone for days without the medicine prescribed for them because there was no money to pay. Senior citizens have found that medicines they have taken for years can no longer be covered and they cannot afford them.

CHAPTER 23: EDUCATION: TOO COSTLY

Some experts predict that decreased discretionary income, and increased tuition costs will make paying for college a problem for many families in the foreseeable future.

Declining discretionary income is making it more and more difficult for families to afford the cost of higher education for their children, according to testimony before the Committee. Carol Frances, Chief Economic Advisor, National Education Industry Group of the Coopers and Lybrand accounting firm, argued that recent Congressional Budget Office and National Center for Educational Statistics projections, based on long-term trends in college tuition as a percentage of median family income, are incomplete.

According to Frances, the CBO and NCES conclude:

> College tuitions have not increased any faster than median family incomes—in fact they have declined—so that families are not experiencing any greater difficulties now in paying for college than they have in the past.

In her view, however, this analysis does not take into account the fact that between 1972 and 1981, essential household expenses (food, clothing, shelter, utilities, transportation and health care) have risen faster than the Consumer Price Index as a whole. Consequently, the portion of family income not required for essential purchases, that is, discretionary income, has shrunk. Frances said:

> Real discretionary income actually available to invest in college has decreased drastically. . . . I think the more appropriate view, relating tuition to discretionary income, shows that tuition . . . has risen from about a third to over two-thirds of discretionary income. This would indicate that, contrary to the conventional wisdom, there has been a very substantial increase in the pressure experienced by families in paying for college.

Although the total amount of federal aid to help families meet the costs of college has increased from about $1 billion in the early 1970's, to more than $6 billion in the early 1980's, the amount available to an individual student has not necessarily increased. According to Frances, three important factors, show the limitations of this apparent increase:

—The growth in dollars of aid awarded was accounted for in part by expanded eligibility in the early years as successive classes of students became eligible for aid.

—As student aid programs expanded, veteran's educational benefits contracted by billions of dollars, offsetting a large proportion of the increase in student aid to pay for college.

—A substantial share of the increase in the dollars labeled as student aid were actually increases in the special allowances in the federally guaranteed student loans pegged to the Treasury bill rate—representing the increases in the cost of borrowing in recent years.

Concerning future college costs, Frances concluded:

> While the cost of college did not increase as fast as the cost of living over the last five years, we can expect that over the next five years, the reverse will be true. (In 1984) we can expect tuitions to go up in the range of 8 to 10 percent while the overall price index may go up at less than half that rate. . . . . As a consequence, the financial pressure on families in paying for college can be expected to continue into the foreseeable future.

SECTION 2: PUBLIC AND PRIVATE SUPPORTS FOR FAMILIES

CHAPTER 24: A SHIFT IN SPENDING FOR FAMILIES AND CHILDREN

Are We Spending Enough on Children and Their Families?

Although the numbers of low-income families and children are increasing, many entitlement programs (Social Security, AFDC, Food Stamps and Medicaid) and some appropriated programs which have been essential to their economic survival are being cut back.

At the Committee's first hearing, Alice Rivlin, former Director of the Congressional Budget Office, provided an exceptionally succinct, informative summary of recent trends in federal spending on programs affecting children and families. It provides a solid backdrop for this section of the report, therefore her testimony is quoted at length here:

> The federal government funds benefits for children through two types of programs: entitlement programs, which provide benefits to all applicants who meet the program's eligibility rules; and appropriated programs, whose spending levels depend primarily on the funds allocated by the Congress.
>
> *Entitlement Programs*
>
> The federal government spent about $38 billion on families with children through entitlement programs in 1982. The largest single program aiding children is Social Security, which provided almost $11 billion in benefits in 1982 to children and families with a deceased or disabled parent. Unlike Social Security, most other major entitlement programs aiding families with children are means-tested—that is, they pay benefits only to those with incomes and assets below specified levels. Examples include Aid to Families with Dependent Children (AFDC), which in 1982 paid about $8 billion to families with single or unemployed parents; food stamps, which provided between $8 billion and $9 billion worth of food coupons to families with children; and Medicaid, which paid for about $5 billion in medical services for these families.
>
> Spending on these programs increased rapidly in the 1960's and early 1970's when Medicaid and food stamps were started and when the AFDC program was expanded substantially. Between 1970 and 1975, spending for all entitlements serving children rose by more than 40 percent in real terms, and outlays for means-tested programs more than doubled. Between 1975 and 1979, however, combined

outlays for these programs stayed almost constant in real terms.

In the last three years, benefits have declined significantly relative to the number of potentially eligible families, and in 1982 alone spending levels fell by about 5 percent in real terms. Two offsetting factors have affected outlay levels in this period. On the one hand, the number of low-income families has increased considerably since 1979, causing both eligibility and applications for benefits to rise. On the other hand, major cuts in these programs would have reduced outlays in them substantially had the recession not increased the number of beneficiaries. Even so, between 1981 and 1982, nominal expenditures for AFDC and food stamps for families with children each dropped by about $200 million.

Appropriated Programs

Many of the major appropriated programs for children and their families were initiated in the 1960's and 1970's, and funding accordingly increased rapidly during that period. For example, Chapter 1 (formerly Title I), the federal program supporting compensatory education for poor and underachieving students, was established in 1965 and reached a peak funding level of $3.2 billion in 1979. Similarly, federal support for the education of handicapped children grew rapidly over the 1970's, from $85 million in 1970 to $1 billion in 1980, in substantial part because of the Education for All Handicapped Children Act of 1975. The Special Supplemental Food Program for Women, Infants, and Children (WIC), started in 1973 to provide nutritious foods to low-income women before and after childbirth and to their infants and young children, reached a funding level of $740 million in 1980. Funding for services for children and their families in the areas of housing, education, social services, nutrition, and health totaled roughly $15 billion in 1980.

Since 1980, trends in the funding of appropriated programs for children have varied greatly from program to program. Nominal funding for these programs taken together changed relatively little between 1980 and 1982, but that constancy masks a variety of increasing, decreasing, and level-funded programs. In two budget subfunctions—health and social services—total appropriations remained roughly constant, but in each, increases in some programs compensated for decreases in others. In social services, for example, increases in Head Start tended to offset decreases in the Human Services Block Grant (Title XX). Total funding for elementary and secondary education on the other hand, decreased by more than $1 billion—about 15 percent, in nominal terms. Funding for WIC increased by over $150 million because of Congressional action during the 1980-1982 period, while federal housing expenditures for families with children rose by almost $1.5 bil-

> lion, largely reflecting subsidy commitments made before 1980 . . .
>
> Under current CBO projections, total spending on entitlement programs will not increase in real terms over the next five years, despite a rise of about one-fourth in nominal terms. Most of the decline will occur in the next two to three years, as a result of the reductions legislated in 1981 and 1982. Moreover, since means-tested entitlements are projected to decline somewhat more than non-means-tested programs, low-income families will be particularly affected.

Where is the Money Spent?

Programs designed to serve low-income families have suffered disproportionate reductions compared to non-means tested programs.

In her testimony, Rivlin brought to light two issues which many witnesses subsequently raised in other Washington and regional hearings: The depth and effect of the 1980 and 1981 reductions in federal spending on programs affecting children and families.

As Rivlin's testimony revealed, reductions in means-tested programs were proportionately greater than cuts in non-means-tested programs. Jack Meyer of the American Enterprise Institute for Public Policy Research analyzed the degree to which federal spending on means-tested programs will decline between 1980 and 1988 on the basis of current federal policy. Meyer indicated that the share of all federal spending going to non-means tested programs will be a little over 40 percent in 1988 as it was in 1980. By contrast, the share going to means-tested or low income oriented programs will fall from about 13.3 percent of federal spending in 1980 to about 9 percent in 1988. Meyer concluded:

> You can look at that fall as 4.5 percentage points or as a decline of about a third in the share of our federal budget going to low-income programs. . . . I think it was particularly harsh on near-poor and working poor families.

To exemplify his point, Meyer added that while major cuts have been exacted on the Medicaid program, virtually no reductions have been made in Medicare or in the federal tax subsidy for employers intended to offset the cost of employee health insurance premiums. Both of the latter programs primarily benefit non-poor individuals and families. Meyer told the Committee that he was not opposed to reductions in federal spending but, "The only way I think we can sustain the fiscal austerity needed for sound economic policy is to share it (spending cuts) more fairly." He added later, "If we are not willing to take those kinds of steps . . . my fear is that these non-means tested programs will gobble up the lower income programs."

The Neediest Suffer Most

Federal spending reductions, coming at the same time as a very deep recession, have had a severe impact on low-income families. Their access to adequate nutrition, health care, child care, and housing have all suffered.

Much testimony was presented detailing the harmful impact, particularly on low-income and marginal families, of federal spending cuts. From a national perspective, Angela Blackwell and Lois Salisbury, attorneys for Public Advocates in California, provided information concerning reductions in AFDC and health programs.

The AFDC budget was cut by slightly over $1 billion for FY 1981. Combined with a resulting loss in state matching funds, the total cut in the AFDC program was close to $2 billion. Further federal actions in 1982 reduced federal expenditures for AFDC by an additional $85 million in FY 1983.

In addition to these cuts, eligibility requirements were tightened. One of these changes disallowed, until the sixth month of pregnancy, federal AFDC assistance for mothers pregnant for the first time. Previously, states could claim federal reimbursement for AFDC for these mothers from the time pregnancy was medically confirmed, and half the states did so.

Blackwell and Salisbury also told the Committee that the Maternal and Child Health Block Grant, created in FY 1982, was funded at a level 18 percent below the combined 1981 appropriation for those programs which were folded into the block grant.

These reductions in federal funds for maternal and child health services came at a time when funding for other health programs, including Medicaid, was also reduced. Dr. Karen Davis, told the Committee that these cuts, along with lowered state and local spending for health care, "Are reducing the availability of free or reduced cost health care for those without health insurance."

Cushing Dolbeare, President of the National Low Income Housing Coalition, reported some striking data to the Committee on the extent of reductions in low-income housing assistance. In 1980, the 15–20 year budget authority for low-income housing assistance totaled $26.7 billion. By 1983, the long range budget authority had dropped to $8.7 billion. Over the same period, federal spending in the form of tax subsidies for homeowners climbed from $26.5 billion in 1980 to an estimated $39.8 billion in 1983.

What were the effects of these and other recent changes in federal policy and spending patterns at the regional level? Six witnesses described the impact in the Northeast region, especially in New York.

One of the nation's largest voluntary organizations, the Jewish Board of Family and Children's Services, conducted a survey on the impact of budget cuts on families in New York City. The survey of over 1500 households, described by Stephen Angell, Executive Director of Family Services of Dutchess County, New York, showed that nearly one-third of those families receiving public benefits (AFDC, Medicaid, Food Stamps, SSI, Public Day Care, or Subsidized School Lunch) had lost some or all of their benefits in 1982.

The Committee was struck by the fact that 20 percent of those surveyed lost all or part of their food stamp benefits due to changes in eligibility standards and new definitions of households. This finding was corroborated by testimony from Kathy Goldman, Director of the Community Food Resource Center, Inc., who told us that food stamp benefits for 750,000 New York City residents have been reduced since 1981, while 50,000 families have been dropped completely from the food stamp program.

Eve Block, Executive Director of Statewide Youth Advocacy in Rochester, New York, told the Committee about the effect of reduced federal spending in New York State. According to Block, 10,000 families were dropped from the AFDC program, and approximately 80,000 children lost all or part of their AFDC benefits. Twenty-nine thousand familes lost food stamp benefits, 10 percent of children in school breakfast and lunch programs lost free or reduced-price meals, and between 8,400 to 12,000 children in the state lost day care slots purchased for them with public funds.

Joseph J. Cocozza, Executive Director of the New York State Council on Children and Families, summarized his views on the impact of the federal policy changes in the region:

> The massive reductions in federal funding for social programs are having serious negative consequences for families, particularly for the poor and the near poor. . . . Children and families for whom these supports once offered a chance of breaking away from poverty and poor health, are finding their access to needed programs blocked by changes in eligibility and/or the elimination of some services altogether.

Similar testimony came from other regions of the country. At the St. Paul hearing, Agnes Mansour, Director of the Michigan Department of Social Services, reported that 15,000 families were dropped from Michigan's AFDC program because of changes in eligibility requirements. Martha Ballou, former Director of the (Minnesota) Governor's Task Force on Emergency Food and Shelter, told the Committee that the amount of food distributed under the Federal Surplus Commodities Distribution Program has been cut by two-thirds in her state. Also, because of federal cutbacks in the school lunch program which resulted in higher prices for meals, 16 percent of the children were no longer able to purchase their lunch and dropped out of the program.

In Salt Lake City, Susan Vassau Tall Bull told the Committee that in 1981 the Qua Qui Corporation, a service agency for urban Indians in Missoula, Montana, suffered a reduction in its operating budget, from $285,000 to about $70,000. "This reduction has made it difficult for us to maintain the base minimum of services necessary for survival."

The Committee learned at the Santa Ana hearing that with the initial changes in AFDC eligibility, the caseload at Share Our Selves, a private non-profit emergency assistance agency, jumped by 120 percent. Similarly, testimony submitted by Arizona child advocate Georgia Vancza indicated that 6,000 people lost their AFDC benefits in 1982 because of changed eligibility requirements. Concurrently, a 90 percent increase occurred in requests from AFDC families for emergency aid from the Salvation Army in her state.

The ultimate impact of lowered federal spending and regulatory changes in programs affecting American children and families is yet to be realized. However, it is clear from the testimony reviewed here that the effect of those cuts and changes was pervasive, affecting a great many children and families across the nation.

CHAPTER 25: INCOME MAINTENANCE AND HOUSING ASSISTANCE: EXAMPLES OF DWINDLING RESOURCES

Apart from budget cuts, many witnesses voiced their concerns regarding the adequacy of federal assistance programs to meet the needs of families with children. The paucity of AFDC benefits and low-income housing assistance, for example, have troubled researchers, administrators, and advocates alike.

Aid to Familes with Dependent Children

> Aid to Families with Dependent Children is the agency of last resort for single mothers and their children. Does it, in concert with food stamps, Medicaid, Head Start, school nutrition programs, private sector job training and vocational education, make up a coherent system of supports for mothers, and fathers, and their children to make it as independent, productive families or does it spell fragmentation, chaos, and a bureaucracy which catch and hold young parents in a web of poverty and hopelessness?

Harold Richman, in posing this question at the Committee's initial hearing became the first among many witnesses to question both the adequacy of AFDC benefits and the impact of various aspects of the AFDC program on recipient families.

Adequacy of AFDC Benefits

Several witnesses said that AFDC benefits, even in conjunction with food stamps and other supports, do not provide a sufficient financial base for families to function adequately. Don Crary, Executive Director of Arkansas Advocates for Children and Families, told the Committee that the "standard of need" (i.e. the degree of impoverishment) for receipt of AFDC payments was established in Arkansas in 1976, and despite high rates of inflation, has never been adjusted upward. Moreover, the AFDC payment rate was set at 69 percent of the standard and has subsequently been reduced to 60 percent. Thus a single mother, with no other income and three children can receive a maximum of $264 per month. Crary said:

> No one in this (hearing) room, nor that mother can pay rent, gas, electricity, water bills, pay for transportation and purchase clothing for these children on that amount of money. But if this mother, out of concern for her children, seeks and receives assistance from somewhere else, either her AFDC will be further reduced or she may be charged with fraud.

Four other witnesses made similar points. Georgia Vancza submitted testimony to Members in California describing how an Arizona mother of three receives $282 per month based on a 1971 standard of need. This is only 36 percent of the 1983 standard of need, which is $825 per month. Thomas Peterson told the Committee that in 1980, combined AFDC and food stamp benefits placed a Florida family of five at 66 percent of the federal poverty level. Yet these AFDC families are apparently among the more fortunate of Florida's poor. Jack Levine, Executive Director of the Florida

Center for Children and Youth, told the Committee that 70 percent of Florida's poor receive no cash assistance.

Albertha Bell, a former AFDC recipient in Florida, described the experience of being on welfare:

> In the welfare system there is a dehumanizing factor involved. You feel condemned to remain in this type of situation the rest of your life and you do not have enough of anything. Being a welfare recipient, there is not enough food; new clothing is nonexistent.

AFDC Versus Foster Care

There is evidence that public assistance levels are so low, and the transition to self-sufficiency so difficult, that some families are forced to consider extreme alternatives.

Two witnesses raised the issue of the adequacy of AFDC payments in relation to foster care payments. Diana Pearce, Director of Research, Center for National Policy Review, Catholic University, analyzed the increase in average AFDC and foster care payments in several states between 1974 and 1982. During that period, average payments for foster children increased from $111 to $197. In contrast, AFDC rose from only $35 to $49 per child, decreasing the average ratio of AFDC to foster care payments from 32 to 25 percent. Pearce noted that in at least three states: Texas, Alaska, and North Carolina, AFDC support is only 12 percent or 13 percent of foster care support. Pearce said:

> If you were a mother who was unable to support herself and her child on her earnings, had little or no child support, and faced . . . this level of support on AFDC, what would you do? At what point is your child better off if you give him or her up and have the child placed in foster care?

Don Crary called the imbalance in payment rates favoring foster care over AFDC, "An absurd system (with) incredibly tragic consequences on families in Arkansas."

AFDC Program Characteristics

Recent changes in AFDC regulations and eligibility have further threatened family stability, by weakening, not strengthening the possibility of economic self-sufficiency for many families—particularly single parent, female-headed families.

Apart from the adequacy of benefits, witnesses expressed concern over various aspects of the AFDC program itself. The Committee heard that linkages between AFDC eligibility and eligibility for Medicaid, child care subsidies, and other supports can make the move toward self sufficiency a difficult upward climb for some AFDC recipients. Agnes Mansour expressed a view shared by five other witnesses in her testimony at the Committee's St. Paul hearing:

> Current policies provide inadequately for the initial investment and increased costs incurred by moving from public assistance to self-sufficiency. The simultaneous and

> cumulative loss of benefits such as day care, food stamps, and especially Medicaid, to take a low wage, no benefit, dead end job makes the proposition of working too risky for a parent with dependent children to eagerly embrace.

Similarly, Jean Adnopoz pointed out that a family of three on AFDC may receive $400 a month in Connecticut along with a range of supports, but a family which earned $400 a month loses all benefits. "Today, it is more advantageous to be on welfare than to work."

Recent changes in AFDC involving the work incentive disregard have made these problems even more acute. In the past, AFDC recipients who worked could deduct $30 and one-third of their earnings when calculating their grant. According to Mitzi Dunford, Executive Director of Public Issues and Advocacy for the Junior League of Salt Lake City, "This provided a bonus for those parents who were working. More importantly, by allowing working parents to remain on AFDC, the income disregard made it possible for families to retain their subsidized child care and Medicaid coverage until their earnings were high enough to allow self-sufficiency."

Recent changes in federal policy limited the disregard to 4 months. Dunford indicated that in November, 1981, before the AFDC changes went into effect in Utah, 15.5 percent of AFDC households had some earned income. By October, 1982, only 7.2 percent reported earned incomes. Dunford concluded:

> The changes had, in reality, become work disincentives. Instead of getting people off welfare, the $30 and one-third changes were responsible for discouraging parents from seeking employment. In addition, many parents who were working quit their jobs to retain Medicaid coverage for their children.

Two other witnesses concurred with Dunford, including Lester Salamon, Director of the Center for Government and Management Research at the Urban Institute. He told the Committee that after years of easing the transfer from welfare to work, "There now appears a gigantic cliff between welfare provision and work, and we are requiring people to jump over the cliff with their own resources."

Other AFDC concerns were also raised. Father Thomas Harvey and Mitzi Dunford told the Committee that the "historical goal" of AFDC has been to provide family stability. Yet eligibility restrictions barring the participation of two-parent families which exist in some states may contribute to a father's leaving the home to allow the mother and children to qualify for support. Father Harvey commented on both this issue and on the aforementioned relationship between AFDC payments and foster care payments by saying, "In both the case of the mother putting her kids in foster care, and the case of the father deserting his family so the mother and children can qualify for AFDC, the federal government, which foots much of the bill, is paying to keep families apart, not to keep them together."

In the same vein, Dunford said, "At present, most of the AFDC families in America are single parent, female-headed families. We think it is time to consider policies which will reverse this long term trend and begin to provide incentives for two-parent families."

The Cost of AFDC

One witness, Agnes Mansour, pointed out how very recent increases in the AFDC caseload have increased costs for both federal and state governments. Mansour indicated that the AFDC caseload in Michigan had grown by 100,000 individuals since 1980. If the Michigan AFDC caseload declined to early 1980 levels the federal government would save more than $18 million *a month* in AFDC and Medicaid costs. If general assistance costs are included, the State of Michigan would save nearly $22 million each month.

Low-Income Housing Assistance

Only one out of eight households in poverty receives housing assistance. Although the need is unmet, cutbacks have been severe, while subsidies for homeowners have been expanding greatly.

Federal housing assistance for low income households was discussed primarily by Cushing Dolbeare and Dr. George Sternlieb, Director of the Center for Urban Policy Research, Rutgers University, at the first hearing of the Committee's Economic Security Task Force.

Dolbeare described how housing assistance for low income individuals has historically been concentrated almost entirely on renter assistance. In the last century, somewhat less than four million occupied, subsidized housing units have been produced, leaving a gap between the need for subsidized housing and the supply.

The President's Commission on Housing set 50 percent of median income or below as the threshold for determining the need for housing assistance. Using this standard, 20 million households are in need of assistance, half of them renters. The Commission found that only one quarter of these renter households are in subsidized housing. Dolbeare said, "In other words, for each family now in subsidized housing—after close to half a century of providing assisted housing—there are three others who need it, who probably want it, and who can't get it."

The extent of federally-sponsored housing assistance can also be viewed in terms of the percentage of households with incomes below the poverty level who are currently receiving housing assistance. According to Dolbeare, only 13 percent of all households with incomes below the poverty level in this country are living in assisted housing. The percentages are somewhat higher for certain subgroups: 22 percent of all poor minority households are living in assisted housing and 22 percent of all poor female-headed households are living in assisted housing.

Dolbeare contrasted the level of federal housing assistance for low-income renter households to that provided homeowners in the form of tax deductions for mortgage interest and property taxes. In 1980 alone, tax subsidies for housing, primarily, but not exclusively for homeowners, cost the federal treasury $26.5 billion. In contrast, since the first payment for low-income housing in the 1930's, all federal outlays through the Department of Housing and Urban Development and its predecessor agencies has been $26 billion. "The cost of housing subsidies, through the tax system in 1980 alone was more than the entire cumulative amount that the federal government has ever spent for providing housing assistance for low income people." She added, "I think that to argue or to contend that we have any form of fairness in our pattern of providing housing assistance to people in this country . . . is simply to ignore reality."

Dolbeare's views contrasted somewhat with those of George Sternlieb. Sternlieb told the Committee that, in addition to direct housing assistance, the federal government provides substantial subsidies for low income housing through welfare payments. In the early 1970's, for example, Sternlieb calculated subsidy payments from welfare benefits to be in excess of $600 million in New York City alone.

Sternlieb also expressed a view that tax subsidies for homeowners are the best way, ultimately, to provide housing assistance for low-income families:

> The subsidies given to the middle class to buy housing are stimuli to provide the only kind of housing that we have money to provide. That is new housing coming in at the top, ultimately aging and displacing other housing, which ultimately is occupied by poor folks. Anything to the contrary in terms of a massive housing subsidy for the poor requires too much money and has too little political backing to be anything other than romance.

CHAPTER 26: FEDERAL BUDGET CUTS AND STATE SPENDING: CAN ANYONE PICK UP THE SLACK

The States Respond

Few states have the financial capacity to pick up the slack.

Since recent reductions in federal spending on social programs were based partly on an assumption that state and local funds, along with private sector resources, would be available to supplant lost federal dollars, the Committee asked several witnesses whether or not this in fact was happening.

Two regional witnesses reported that the recession and high levels of unemployment had weakened their state's economies in recent years, making it difficult to replace lost federal funds. Marcia Weaver of the American Academy of Pediatrics, testified that Mississippi was $52.5 million short in anticipated state revenues for the first 3 months of 1983, and state budgets had already been cut by 5 percent. Similarly, Georgia Vancza indicated that Arizona anticipated a $200 million shortfall in tax revenues for 1984.

These data would seem to suggest that not all states would be able to make up lost federal revenues. According to Rivlin, few did:

> State governments appear to have been more affected than local governments because they have primary responsibility for programs that were the focus of relatively large reductions—Aid to Families with Dependent Children, Medicaid. Localities, especially small and rural governments that receive little federal aid, were less affected.

While some governments have replaced a share of funding losses with their own resources, the net effect has been a reduction in government spending, rather than simply a transfer of activity from the federal to the state to the local level.

Coping With Lost Federal Dollars

Some states responded to federal cutbacks with gestures such as Children's Trust Funds, that can only provide token sources of revenue. Many states, unable to cope with drastic losses in revenue, reduced services or limited participation of those in greatest need.

What actions did states take to cope with lowered federal spending? One response, obvious from testimony reviewed earlier in this report, was a reduction in the provision of services and/or a limitation of the numbers of individuals served through changes in eligibility standards. Data collected by the Children's Defense Fund, submitted to the Committee by Angela Blackwell and Lois Salisbury, indicates that all 50 states reduced their Medicaid programs and 47 states reduced health services funded under the Maternal and Child Health Block Grant.

Some states were able to "cushion" the impact of federal cutbacks by increasing state spending. Eve Block told the Committee that the State of New York acted to protect counties from the full extent of a $60 million cut in the Social Services Block Grant through increased state spending, such that "upstate" counties collectively lost only $2 million.

It is noteworthy, however, that those New York counties chose to cut nearly $10 million designated for the purchase of child care services, a reduction well beyond that necessitated by federal spending reductions. This was possible because there was no targeting of funds for child care under the Block Grant, an absence which, in Block's words, "made this essential service so vulnerable to local cuts."

In Utah, according to Mitzi Dunford, AFDC grants were recalculated to offset the effects of changes in the AFDC income disregard regulations which, according to Dunford, had caused an increase in the number of unemployed families on AFDC (See Chapter 25, Income Maintenance and Housing Assistance: Examples of Dwindling Resources). This state action extended AFDC eligibility—as well as eligibility for subsidized child care and Medicaid—to many working parents whose cases would have been closed as a result of the revised income disregard regulations. Dunford said:

> The impact of this program was immediate and impressive. The percentage of AFDC cases with earned income has steadily climbed to 13.4 percent in September from 8.3 percent in the month prior to the program's implementation. While some of the improvement may be due to an improved economy, the Department of Social Services believes that "recalculating the grant and the resulting work incentive has had a substantial impact."
>
> The increased number of working recipients has resulted in a significant decline in the average monthly grant, resulting in a $95,000 per month savings in AFDC payments.

> Utah has demonstrated that maintaining work incentives and Medicaid coverage is beneficial to low income children and their families, and is cost-effective to the taxpayer.

The State of Utah also extended subsidized child care for four months after a working AFDC parent's case was closed and established a sliding fee scale for child care to "gradually ease low income parents off assistance."

Lester Salamon of the Urban Institute told the Committee that some states sought to cope with reduced federal resources by drawing down unobligated federal program balances, and by shifting service activities from one federal program to another to maximize local receipt of federal funds. For example, day care expenses might be shifted from the Social Services Block Grant to funding through AFDC. Such adjustments have cushioned or delayed the impact of federal cuts.

Salamon added that when states have not been able to offset federal cutbacks by using state funds or by shifting expenses among programs, they have responded by introducing fee systems, reducing the quality of care provided, and/or shifting resources into shorter-term emergency needs at the expense of longer-term prevention activities.

Apart from fees for services, some states have implemented measures to raise revenues on a statewide basis for child and family programs. Patricia Mapp, Director of the Wisconsin Children's Audit Project of Madison, described one such effort in Wisconsin designed to provide prevention funds for child abuse and neglect. Mapp told the Committee that because lost federal dollars for prevention services were not replaced by state funds, a "Children's Trust" was created by the state legislature. This trust is funded through a $2 surcharge added to the cost of copies of birth certificates.

A similar reserve of funds for child abuse prevention services has been created in Illinois, according to Greg Coler, Director of the Illinois Department of Children and Family Services. There, taxpayers have the option of contributing $2 from their state income tax return to fund new abuse prevention services.

Although such trust funds are important state initiatives for children, witnesses were united in saying that they could not really be expected to compensate for the full loss of federal assistance.

CHAPTER 27: PUBLIC/PRIVATE PARTNERSHIPS AND THE RESPONSE OF THE PRIVATE SECTOR

Non-profit and private charitable organizations have been traditionally called upon to help needy individuals and families, especially in times of crisis. In the course of its hearings, the Committee was impressed with the scope of non-profit activities in this nation, and the extent to which private, non-profit organizations and public agencies have worked together in successful partnerships. Also striking was the degree to which recent economic conditions and changes in federal policies have strained the capacities of private organizations to respond effectively.

The Non-Profit Sector

Lester Salamon of the Urban Institute provided a succinct overview of the scope of America's non-profit service sector. He focused particularly on organizations such as social service agencies, community organizations and hospitals. More than 100,000 non-profit, service-providing private organizations existed as of 1977, employing 4,400,000 people, "which makes the non-profit sector five times as large as the automobile industry in terms of employment."

The estimated revenues of these organizations in 1980 were $116 billion, or about 5 percent of the gross domestic product. Of that amount, $25.5 billion or 22 percent of the total came from private giving—corporations, foundations and individuals.

Salamon's studies, the most extensive of their kind, illustrate the extent to which the federal government aids the non-profit sector. For instance, non-profit revenue from federal sources were 50 percent greater than those coming from private sources in 1980. Moreover, non-profit providers of social services received nearly 60 percent of their revenues from federal sources, and non-profit community development and civic organizations over 40 percent. Salamon told the Committee:

> Far from displacing or undermining the non-profit sector, as is sometimes alleged, government in this country has more often emerged as a major benefactor of non-profit organizations, helping to finance their activities, extend their reach, enlarge their scope of operations and sometimes even create new types of organizations where none existed before.

Fifty-five percent of all non-profit agencies received government support in 1982, and 37 percent received more than a quarter of their total income from this source.

Clearly, an integral relationship exists between government and private sector charities and non-profit organizations. Because many private agencies are heavily dependent on federal revenues, the division between public and private efforts is in many ways a false dichotomy.

The Committee heard from several organizations which exemplify the public/private partnership described by Salamon. Four witnesses emphasized the importance of federal funds as "seed money" to help new programs get off the ground. Alvera Stearn told the Committee that the services provided at Youth and Shelter Services in Ames, Iowa, which include delinquency prevention, alcohol and drug abuse education and shelter services, "would not have been initiated without federal funds, not one of them."

Similarly, A.L. Carlisle, Chairperson of Maine's Juvenile Justice Advisory Board, told the Committee "Federal funds were used as seed money to establish the whole system of group homes and emergency shelters in the State of Maine, to try pilot programs (and) to do community-based diagnostic evaluations." Carlisle also noted the recent loss of federal funds has forced some of these programs to fold: "We were in the middle of a three-year project nationally to find out what worked. We will not know, because the funds have been cut off."

Multi-level Partnerships

There are also exciting public/private partnerships involving state and county agencies and private industry. Greg Coler and Irving Harris, Chairman of the Pittway Corporation in Chicago, described the "Ounce of Prevention" program, a network of six not-for-profit, self-help centers serving high risk families in Illinois. The centers offer access to prenatal care, personal counseling, health and nutrition education, child development education, and other services primarily to low-income adolescent or unwed parents. The program is funded through matching $500,000 grants from the Pittway Corporation and the Illinois Department of Children and Family Services.

Several witnesses described public/private ventures aimed at the prevention and treatment of child abuse and family violence. Celeste Kaplan, a Los Angeles United Way volunteer informed the Committee that California State funds have been used in conjunction with resources from local medical and private community agencies to support 25 child abuse and neglect prevention projects in Los Angeles County. In Orange County, California, $5.5 million has been raised by volunteers, and another $1.5 million contributed by the County to construct a new, county-run facility for abused and neglected children.

Joint programming also exists to address the needs of youth. The Rheedlen Foundation of New York City utilizes a consortium of community-based agencies to offer such services as tutoring, counseling and referrals, recreation, health screening and bilingual classes in its after school program. (See also Chapter 34, "Troubled Youth")

Sasha Bruce Youth Work, Inc. a multifaceted program in Washington, D.C. works with troubled youth and their families, including the growing population of homeless youth. This project began with a grant from the National Institute of Alcohol Abuse and Alcoholism. Today, it receives only 15 percent of its funding from the federal government under the Runaway and Homeless Youth Act. Yet, according to the Executive Director Deborah Shore, "those federal funds are crucial" to their continued existence. Federal backing enables them to secure additional funds from private sources.

Private Sector Organizations and Federal Spending Reductions

Federal budget cuts have directly affected non-profit organizations by decreasing their revenues. Salamon told the Committee that recently enacted spending reductions have already cost non-profit organizations $8.6 billion. Moreover, non-profits will lose an estimated $32 billion in revenues between 1982 and 1986 under measures already enacted or proposed. As of FY 1983, social service organizations have already lost as much as 34 percent of the total revenues that they would have received from the federal government. By FY 1986, these organizations will receive only half the federal assistance they received in FY 1980.

Private giving cannot make up for this lost revenue, Salamon told the Committee:

> If we take into account the level of private giving as of 1981, the anticipated rate of inflation, and the revenue

> losses that non-profit organizations would sustain as a result of the budget changes already enacted or proposed, private giving would have to grow by at least 22 percent in 1982, 24 percent in 1983, and in excess of 30 percent in 1984, 1985 and 1986 to allow non-profit organizations to maintain their 1980 level of activity. This represents a rate of increase in private giving that is two to three times greater than any that has been recorded in recent memory.

At the same time cuts in federal programing have severely stretched private sector resources, cuts in the federally funded social welfare programs have increased the demand for services offered by private, non-profit agencies.

Salamon told the Committee that the federal government spent nearly $150 billion in FY 1980 on child care, job training and other social services which non-profit organizations also provide. In FY 1982, the value of federal spending in these areas was reduced below FY 1980 levels, after adjusting for inflation, by $13.6 billion, and by another $13.5 billion in FY 1983. Salamon estimates that budget cuts already enacted or proposed will reduce federal spending by a total of $108 billion, in constant dollars, below FY 1980 levels during the period 1982 to 1986.

> Even if we assume that some portion of this prior (social welfare) activity was expendable and that churches and families can help pick up the slack, the challenge to voluntary agencies is still considerable.

Private Sector Response

The combined effect on private non-profit organizations of reduced revenues and increased demand for services has made their job significantly more difficult. Drawing upon results from a nationwide survey, Salamon offered the following preliminary observations about how non-profit organizations have been affected and how these organizations are responding.

—Well over half (57 percent) of the children-serving organizations surveyed reported a decline in public funding over the past year, and another 33 percent reported no change. Taken together, this means that as many as 90 percent of the organizations experienced a decline in the real value of government support after adjusting for inflation.

—While experiencing reductions in public support, these organizations are also witnessing an increase in the demand for their services. Overall, 40 percent of the children-serving organizations that responded to the survey reported such increases.

—While non-profits have responed to budget cuts by searching for other sources of funds, only 27 percent of the survey respondents reported notable increases in private giving or voluntarism in their areas.

—Because of this revenue gap, there has been a reduction in the number of clients served, a reduction in the level of services to each client, and the total elimination of certain services. Altogether, 51 percent of children and youth-serving non-profit organizations reported service changes of this sort.

Several regional witnesses described the efforts private organizations in their areas have made to cope with an increased demand for services. Stephen Angell told the Committee that community and social agencies, churches and civic groups have formed coalitions to help deal with increased numbers of homeless and hungry families in their county. Yet, according to Angell, "Many agencies with whom I spoke . . . reported demands for service beyond their capacity to deal with them, resulting in substantial waiting lists."

Similarly, four witnesses, from Michigan, New York, California, and Minnesota, described the efforts of private agencies to provide meals in the wake of increased demands for emergency food. In Minnesota, Martha Ballou, a policy analyst with the State Department of Agriculture, told the Committee:

> Minnesota has one of the best administered and most extensive donated food networks in the country. It has privately raised millions of dollars to deal with this emergency. Because of federal cutbacks, the numbers of people served by food shelves and soup kitchens has doubled in the last year . . . Food shelves have been running low on donations all summer. The Iron Range is two truckloads of food away from having empty food shelves. It is a myth at best and a cruel joke at worst to say to hungry people that the private sector can take care of their needs—they cannot.

One national charity has experienced a significant increase in voluntarism. According to Father Thomas Harvey, between 1980 and 1982, the number of volunteers working for Catholic Charities jumped from 31,000 to 101,558. While this has allowed Catholic Charities to maintain its basic services in the face of increasing case loads, Harvey expressed concern over the stress on the voluntary sector as it tries to compensate for reductions in federal spending;

> We try, but we do not meet the needs of all. The voluntary sector cannot make up for government contraction in the human service field. What we see in our communities is not just the recession, but also the result of the deliberate federal government contraction. It is the recession and this federal contraction which have put more families at risk.

SECTION 3: A SNAPSHOT OF AMERICA'S FAMILIES

CHAPTER 28: THE CHANGING FAMILY ENVIRONMENT

Change in America's Population of Children

As a result of the post-war baby boom and the period of relatively low birth rates that followed, the age structure of the American population has shifted over the last thirty years. Both the proportion and absolute numbers of children below 18 rose in the 1950's and 1960's, but both have fallen since 1970. As of 1982, there were 62.7 million American children under 18. While this group is now at a new low of 28 percent of the population, this percentage is expected to rise somewhat during the 1980's.

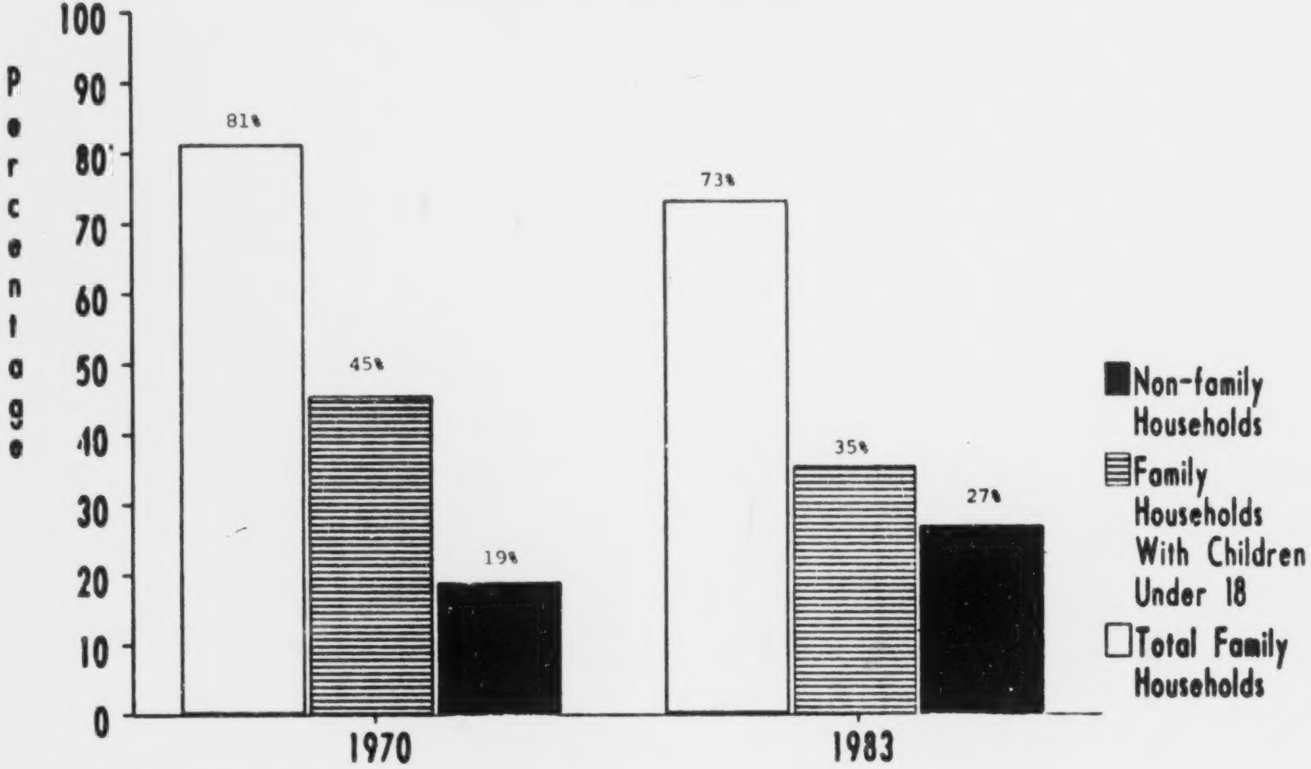
The number of preschool children is already on the rise, and is projected to increase further by the end of the decade. This was not the case between the late 1950's and 1979, when the proportion of the population under five fell faster than for other sub-age groups. The under-six population numbered 20.6 million children in 1982. The Congressional Budget Office projects that the number of young children age 5 and under will grow most rapidly and will probably account for two-thirds of the overall increase in number of children by 1990. The number of black children has remained stable through the 1970's, but will rise slightly in the 1980's. The number of teenagers will continue to decline, by 14 percent, through 1990. In 1982, there were 22.3 million children in the 12–17 year age range. (See Table 6)

The fertility rate of American women (68 live births per 1000 women) is much lower than it was in 1960 (118 per 1000), but it has remained constant since 1980. Since the children of the baby boom have grown up, however, the actual number of births has begun to rise.

It is important to note that families with children are a *decreasing proportion* of all households. The total number of households in 1970 was 63.4 million, of which 45.3 percent were households with children. In 1983, there were 83.9 million households, of which only 35.4 percent were households with children. (See Chart E and Table 7.)

CHART E

Total Households And Percent Distribution By Type Of Household



Source: See table 7, p. 133.

Change in Family Structure

Dr. Harold Richman, Director of the Social Policy Research Center, and the Children's Policy Research Project, at the National Opinion Research Center in Chicago, described the extent to which family structure is changing, ". . . More families than ever before are now headed by women, women who have been separated or divorced or women who have never been married."

As of 1982, 23 million young people or 37 percent of all U.S. children under 18 were living in something other than a family where both biological parents were present. (See table 8) Since 1970 the proportion of all children under 18 living in single parent families has grown from about 13 percent to 22 percent, to a total of 14 million young people in 1982. About 90 percent of the children living in single-parent families live with their mothers. Richman told the Committee, "One out of three white children and 3 out of 4 black children can expect to spend at least some of their childhood in a single-parent family."

Thomas Peterson, Chief State's Assistant Attorney in Florida told the Committee that in 1960, 20 percent of all black families in the U.S. were headed by single females. By 1970, the percentage was 30 percent and by 1980, it was 47 percent. Overall, 19 percent of all families are headed by females. (See Table 9.)

Other witnesses at the regional hearings noted the increases in single-parent, female-headed families in their communities:

—In New Jersey, single-parent families comprised 36 percent of all families in 1978 versus 14 percent in 1950.

—There are 155,000 children living with single parents in Mississippi.

—twelve thousand women in Utah are now the sole support of their families.

Divorce and Out-of-Wedlock Births

Increases in divorce and out-of-wedlock childbearing have led to the increase in the number of children living only with their mothers. The number of children living with a divorced mother more than doubled between 1970 and 1982, while the overall number living with an unmarried mother increased by a factor of more than five. (Some of the latter change, however, is due to improvements in survey methods.) The number living with a widowed mother fell by 17 percent.

The number of out-of-wedlock births has increased four fold over the last three decades, from 141,000 in 1950 to 666,000 in 1980. While the number of births to unmarried women has risen, the number of births to married women has declined. Thus, the proportion of children born outside marriage has been rising.

In reference to out-of-wedlock birth, Bruce Chapman, then Director of the Bureau of the Census, told the Committee:

> In general, the longer a woman remains single, the greater her probability of having an out-of-wedlock child . . . The increase in out-of-wedlock births from 400,000 in 1970 to 600,000 in 1974 is not the result of an increased rate of childbearing among unmarried women, but rather

> an increase in the number of unmarried women who have an out-of-wedlock birth.

In other words, for all age groups the birth rate has not increased, rather the rate of marriages among potential mothers has declined.

Chapman went on to say that the propensity to marry had changed especially among certain sub-populations, including young men and women age 29 or younger. Also, black women comprise a significantly higher proportion of those never married than white women and the differential appears to be increasing in most age groups.

Ironically, there were more marriages in the United States in 1979 than in any previous year, yet many of these were second marriages for one or both persons involved. Overall, the marriage *rate* for 1979 was actually lower than the rate for any other year since 1940.

Divorce Rates

The divorce rate over the last fifteen years increased 115 percent, from 10.6 per 1000 married women aged 15 and over to 22.8 per 1000. There was a slight decline in 1982. Whether or not this is the beginning of a trend is yet to be determined, according to Chapman.

Dr. Armand Nicholi, a member of the Harvard Medical School faculty and former chairman of the Massachusetts Governor's Commission on Children and Family, reviewed historical divorce trends and concluded the divorce rate for the twentieth century has risen 700 percent. Nicholi further noted that 1978 divorce statistics show the median duration of marriages ending in divorce that year was 6.6 years. Taking into consideration the divorce and death rates of 1976–77, he estimated that a marriage begun in 1977 would last an average 23.2 years compared to an average of 30 to 32 years between 1948 and 1965.

In describing trends among marriage, divorce, and out-of-wedlock births, several witnesses provided a local or statewide picture:

—In New Jersey, there has been a 500 percent rise in the divorce rate in the last decade.

—In Orange County, California, the number of divorced adults has nearly tripled during the same time period from 47,450 to 127,950. Forty-eight percent of all marriages in Orange County end in divorce.

—In Chicago, 45 out of 100 Chicago children are born out of wedlock.

Women in the Workforce

Women now comprise 44 percent of the total workforce. According to Bruce Chapman:

> One of the more impressive changes in the American civilian labor force over the last half century has been the increasing participation of women in the work force. The labor force participation rate for all women of working age has more than doubled since 1920, rising from 24 percent to 52 in 1981.

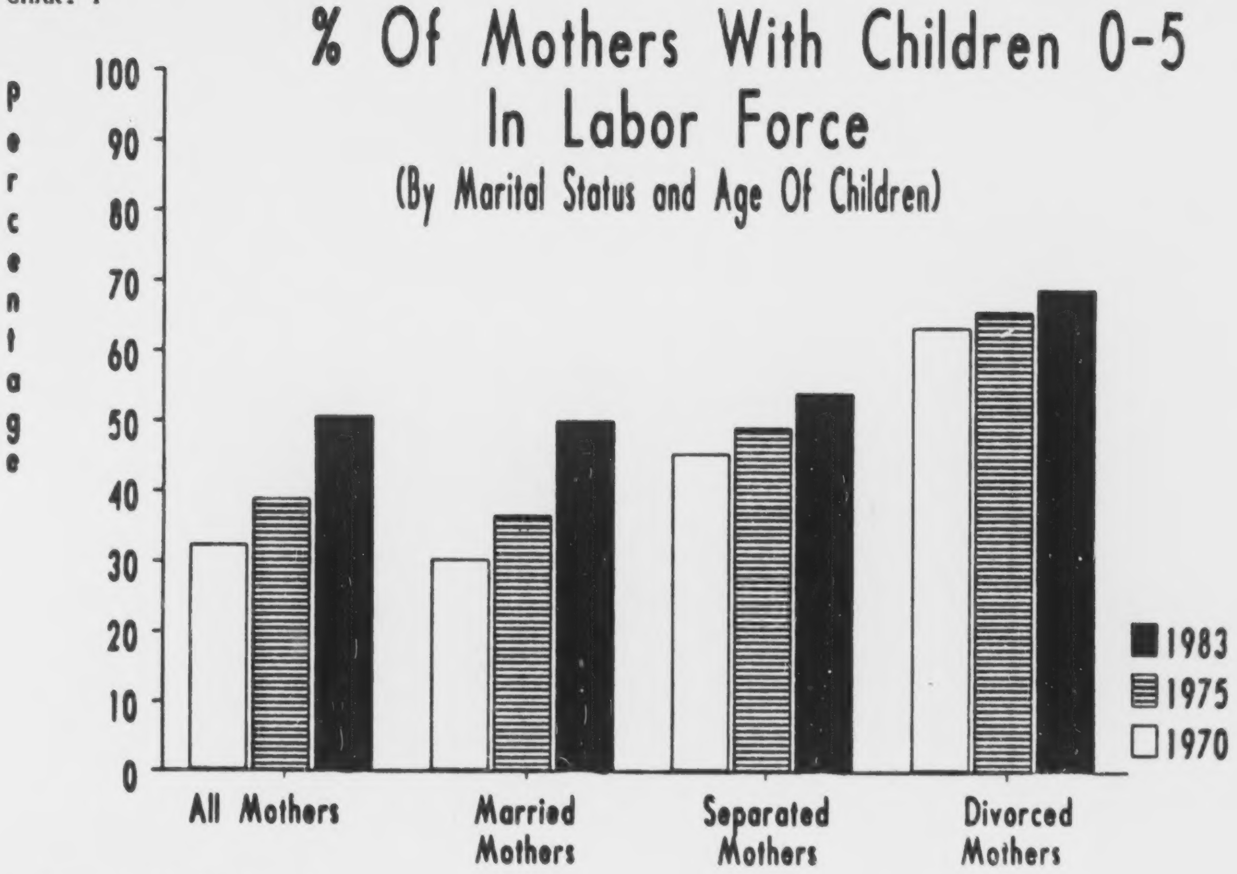
Isabel Sawhill, Senior Fellow at the Urban Institute, also commented on this trend, "In the year 2000, it is projected that 72 percent of prime age women will be working and that is up from about 62 percent of prime age women now and about 40 percent in 1950." Moreover, these women will work 27.6 years of their lives, according to a Department of Labor study.

In 1980, three out of every five married couple families reported having two or more wage earners. More than half of all married women, spouse present, were in the labor force in 1981. The rate for black wives was somewhat higher at 59 percent, while for whites it was 50 percent and for Hispanics it was 47 percent.

Harold Richman told the Committee, "It is now the exception rather than the rule for a child in school to have his or her mother at home during the day. And even for preschool children the proportion of working mothers is well over half." Suzanne Clow, Associate Director of the Child Care Program at the Phoenix Institute in Salt Lake City told the Committee that the characteristic family in the U.S. today is not what it used to be, "In fact, less than 10 percent of families fit the traditional nuclear family with a father working outside the home and a dependent wife and two children in the home."

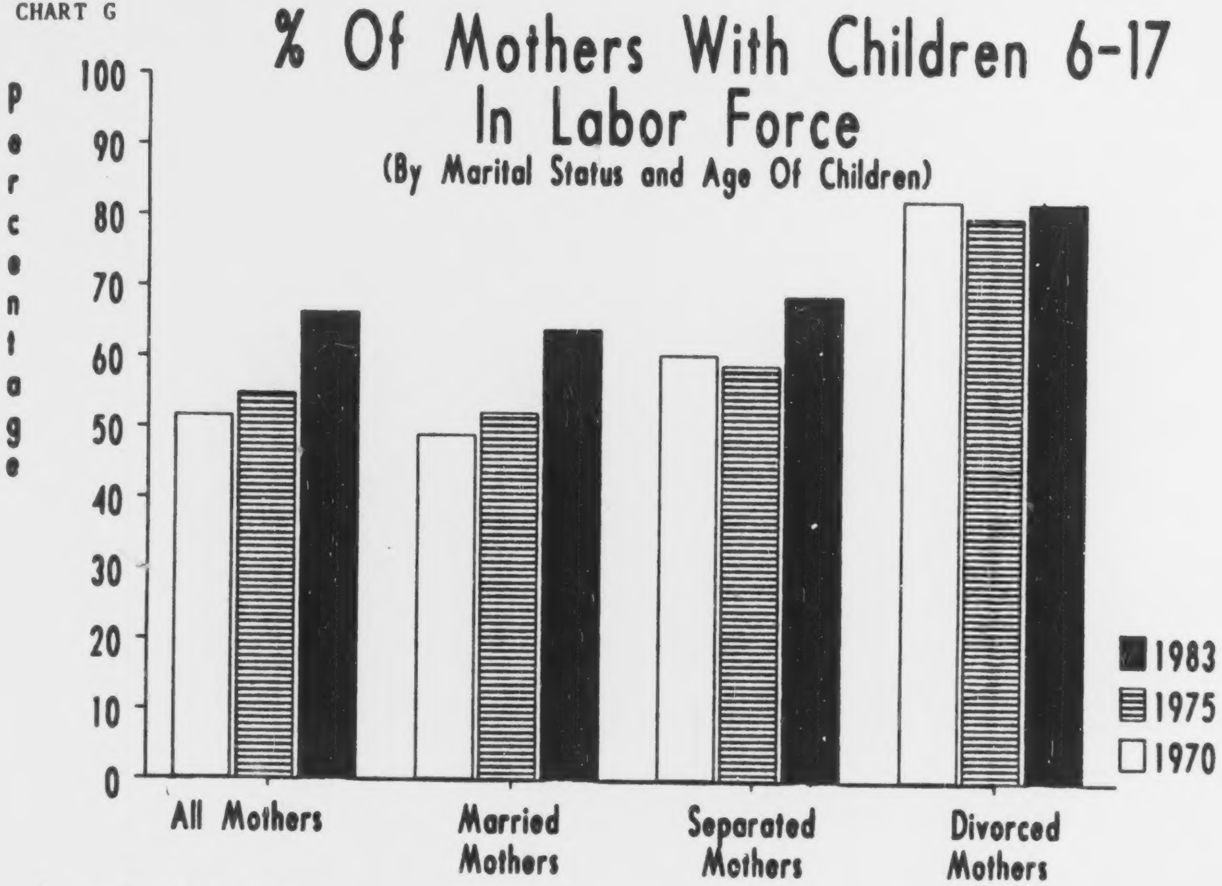
Labor force participation among mothers with children below the age of six grew rapidly during the 1970's. The labor force participation rate is substantially higher among mothers with children under 18 who are separated or divorced, but it has been growing more rapidly among mothers with husbands present. (See Charts F and G and Table 10.) The Congressional Budget Office in a report published by the Committee, *Demographic and Social Trends: Implications for Federal Support of Dependent-Care Services for Children and the Elderly*, projects that by 1990, well over half of all mothers of children under age six will be in the labor force—55 percent of those with husbands present and 63 percent of those with no husband in the household. (See Chart H and Table 11.)

CHART F



Source: See table 10, p. 134.

CHART G



% Of Mothers With Children 6-17 In Labor Force

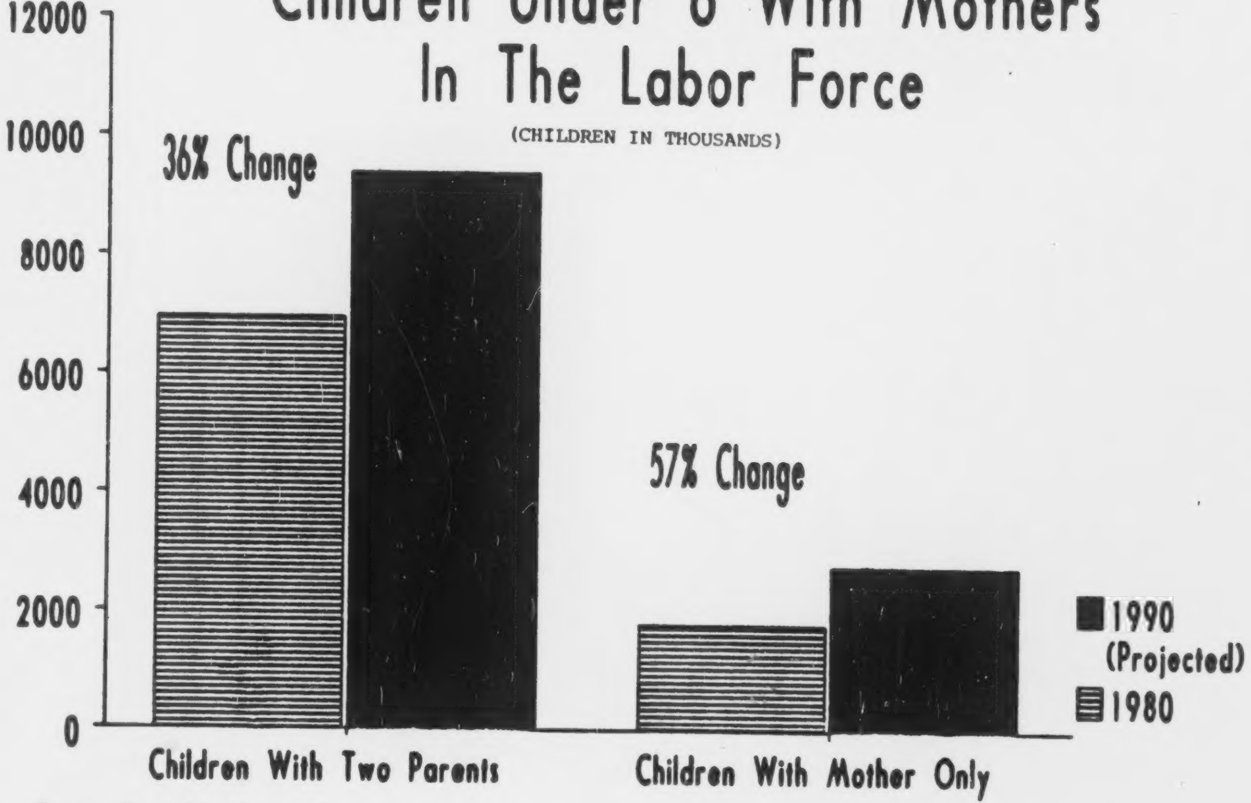
(By Marital Status and Age Of Children)

Source: See table 10, p. 134.

CHART H

Children Under 6 With Mothers In The Labor Force

(CHILDREN IN THOUSANDS)



Source: See table 11, p. 134.

Among mothers with children between 6 and 17, labor force participation is even higher. Again, CBO projects that by 1990, nearly 3/4 of mothers of children age 6-17 are expected to be in the labor force—70 percent of those with a husband, and 74 percent of those with no husband present.

Continuation of current trends in increasing labor force participation of women suggests that larger numbers of young children will be reared in families where there are two employed parents or an employed single parent. CBO projects that the number of children under age six living in such households could increase by 3.4 million children between 1980 and 1990.

Again, regional perspectives reiterate national trends:

—In Orange County, California, 56 percent of women are in the workforce. Approximately 60 percent of children under 8 have working mothers.

—In Arizona, more than half of the mothers with children under age six are now working.

—In Utah, 52.4 percent of women between 16 and 64 work outside their homes. By 1990, if the trend continues, 70 percent will work. There are 104,000 children of working mothers in Utah.

—In Mississippi, almost 100,000 children under age six have mothers who work.

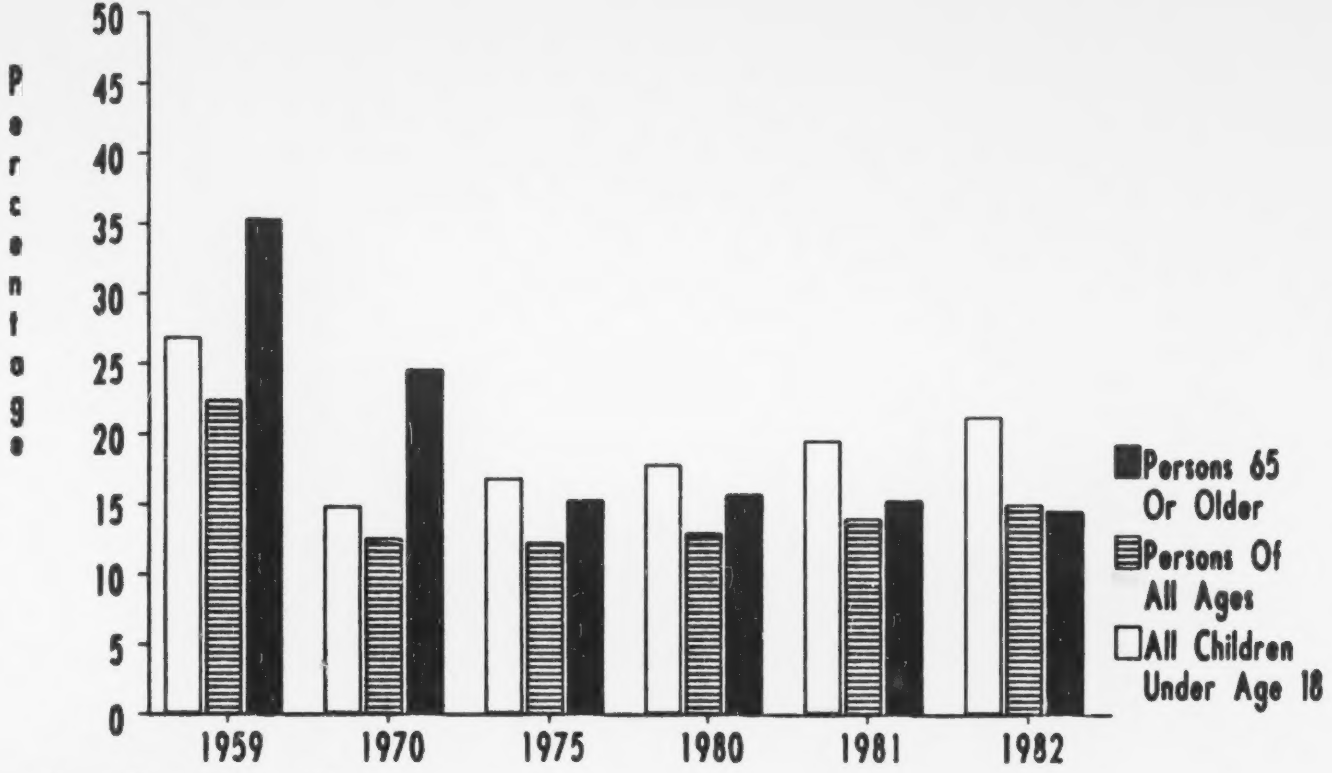
CHAPTER 29: LIVING IN POVERTY

Children in Poverty

"Since economic status is perhaps the single most powerful predictor of a child's opportunity for success, for well-being and for self-sufficiency, we cannot ignore the ominous signs of increasing child and family poverty." (Harold Richman)

Children under 18 are today more likely than any other age group to be living in poverty. (See Chart I and Table 12.) In 1982, over 13 million children under age 18 were living in poverty in the United States, an increase of more than 2 million since 1980. The official poverty level in 1982 was $9,862 for a family of four. More than one-fourth of all children live in households with incomes below 125 percent of the poverty level (about $12,328 per year for a family of four).

CHART I % Of Persons Below Poverty By Age



Source: See table 12, p. 135.

Alice Rivlin, then Director of the CBO, provided a historical overview of poverty trends at the Committee's first hearing:

> Over the 1960s poverty rates for children fell from almost 27 percent to 14 percent. The proportion of children who were poor rose slightly over the seventies, however, and in the last three years has risen dramatically from 16 percent to almost 20 percent.

Rivlin expects these figures to remain high for the rest of the decade.

Regional hearings of the Committee provided a more detailed picture of the conditions of children and families in these areas. For instance, in keeping with a national trend, the total population of children under 21 in New York State decreased from 1970 to 1980, but the number of children living in poverty increased by 100,000. According to the 1980 Census, the ratio of children living in poverty in New York State has gone from one in eight in 1970, to one in five in 1980, while 552,000 or one-third of all New York City children are poor.

In other regions of the country the numbers were equally as high:

—Thirty-three percent of all children in Mississippi live below the poverty level.
—One out of four of Arkansas' children are poor.
—There are 400,000 poor children in New Jersey.
—In Colorado, 38 percent of children under 18 live below 150 percent of the poverty level.

Families in Poverty

The Committee was equally struck by the statistics for families in poverty. In 1982 there were 27.4 million people living in impoverished families nationwide. This represents a 17% increase in such people since 1980. In New Orleans, the third poorest region in the nation, 44 percent of all families with children live below the poverty level.

High numbers of families in poverty are due, in part, to an increase in single parent households. Bruce Chapman told the Committee that since 1969, "there has been a distinctily upward trend in the number of poor families maintained by women." Half of all children living with their mothers only are living in poverty, which is double the 1960 rate of 24 percent. Sixty-five percent of children under six living with their mothers' only were poor in 1980. This despite the fact that 70 percent of all single mothers are employed or seeking work. The CBO projects that by 1990 the number of poor children under six living in female-headed households will grow by 758,000. (See Chart J and Table 13.)

Sister Mary Agnes Mansour, Director, Michigan Department of Social Services, warned that:

> Today 80 percent of the poor in this country are women and children and if the projections are correct, the poverty population will be composed almost solely of women and their children by the year 2000.

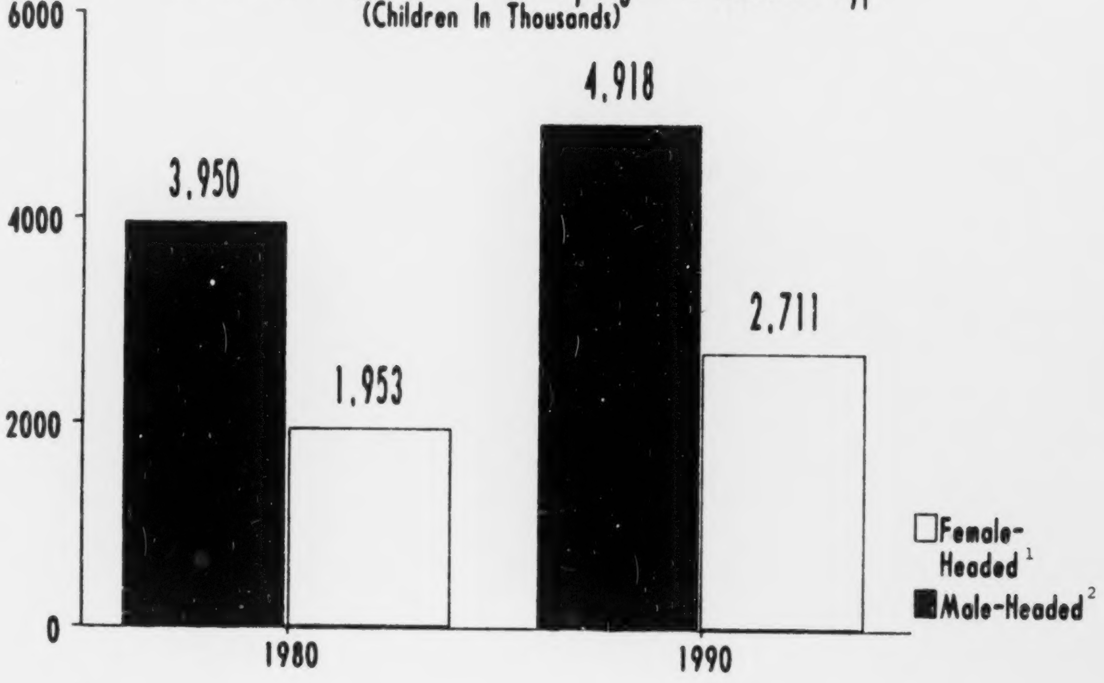
Minority families are disproportionately poor. One out of every two black children, and more than one out of every three Hispanic children live in poverty in this country. (See Chart K.) Thomas Peterson, reporting the study findings of the Washington, D.C. based Center for Social Policy, told the Committee that between 1960 and 1981, blacks have "consistently been three times more likely to live below the poverty standards than whites." He added that "in 1981, 45 percent of all black children under age 18 lived in poverty," while the rate was only 15 percent for white children. The poverty rate for black children living in female-headed households is 68 percent, and 81 percent of inner-city black children living with their mothers are poor.

Defining Poverty

Bruce Chapman raised the issue of how the poverty rate is defined. Currently, the poverty level is based on cash income from earnings and government transfers (i.e. AFDC). Because of the growth in non-cash benefits, Chapman believes the present poverty level may not accurately reflect the actual number of people who should be considered poor. He indicated, for example, that if the market value of non-cash benefits were included as income (with no adjustment in poverty thresholds) the number of poor in this country would have been reduced by 42 percent in 1979 from 11.1 to 6.4 percent of the total population.

CHART J

Number Of Children Under Age 6 In Poverty
In 1980 And Projections For 1990 By Age And Household Type
(Children In Thousands)



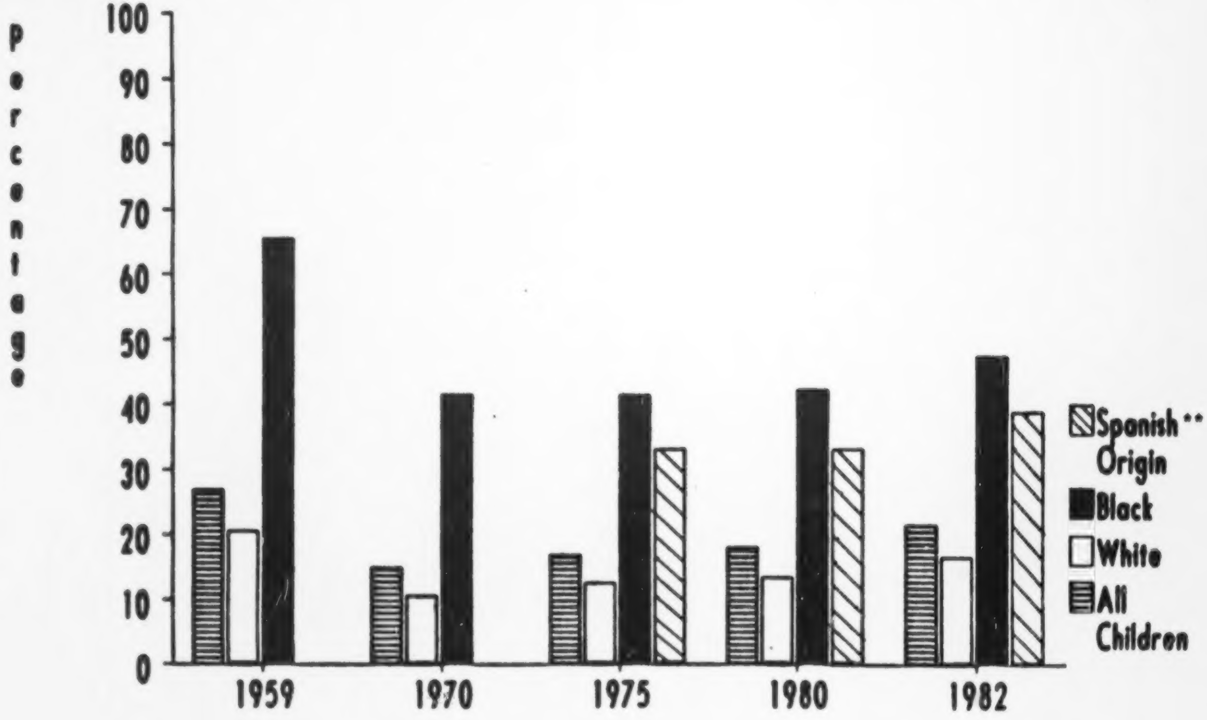
[1] Female-Headed: Families with female householders, no husband present

[2] Male-Headed: All other households

Source: See table 13, p. 135.

CHART K

% Of Children (Under 18) In Poverty



**Data for children of Spanish Origin not availabable prior to 1975

Source: See table 12, p. 135.

III. THE RESPONSE

The Select Committee has seen many positive initiatives and programs undertaken by government at all levels, as well as private agencies and corporations, to respond to the needs of children, youth, and families. Many of these efforts provide models for further study, possible replication, and may serve as cornerstones for future policy.

SECTION 1: THE WELL-BEING OF CHILDREN

CHAPTER 30: HEALTH IN THE FIRST DAYS OF LIFE

Prenatal Care

The Committee has learned that prenatal care is one of the least expensive and most effective ways to decrease the rate of infant mortality and morbidity. Unfortunately, it is also one of the services that is most severely reduced during periods of budgetary cutbacks and high unemployment.

Dr. Frank Falkner suggested that we cannot improve birth outcomes much more through technological improvements, and that the greatest hope for further successes is prevention. "I think that the (saving) of more and more infants of LBW will increase the infant mortality rate." Assistant Secretary of Health Dr. Edward Brandt expressed a similar view. When questioned about the viability of following a preventive route, Brandt said:

> I think that prevention is the major way. I don't think at the present time, however, that it has been the major contributor, no . . . I think at this point in time that we probably have gone almost as far as we can go in further reduction (of infant death) by improved care during labor and after delivery.

There is much evidence that adequate prenatal care, one of the best counter measures to low birth weight, is becoming less available to those who need it most. Part of this trend is due to program cuts and unemployment, while part is due to the fact that minority and low-income populations do not share equally in our health system. (See also Chapter 1, "Children At the Beginning of Life: An Assessment).

The Committee was pleased to learn, however, of many successful state and local efforts to promote access to prenatal care and reduce the incidence of low-birth weight.

Four such prenatal care projects were described by Lois Salisbury of Public Advocates, Inc.

One, at St. Paul (Minnesota) Central High School, was visited by the Committee as part of the Midwest Regional hearing. Their program provides comprehensive prenatal care to teenagers at the school itself. They have successfully reduced the rate of low-birth weight babies from 13.9 percent to 5.5 percent in just a few years. (See also Chapter 8, "Teen Pregnancy").

The others include: A 1972 program built upon the talents of nurse/midwives in rural Georgia which cut the low birth weight rate from 24 percent to 13.8 percent; a California project designed especially to reach women living in 13 underserved counties which cut the low-birth weight rate from 7.3 percent down to 3.9 percent; and a project in the South Bronx, at Lincoln Hospital, which was designed for teens and which reduced the low birth weight rate from 18 percent down to 3.6 percent.

In addition, Dr. Donna O'Hare described a Maternal and Infant Care—Family Planning Project located in New York City. This project is responsible for bringing about better pregnancy outcomes for participants compared to non-participants residing in the same area.

Finally, there are the federal initiatives in appropriate interventions, as described by Assistant Secretary Brandt. In calling for more research, he said:

> NICHD (The National Institute for Child Health and Development) is seeking to identify biologic factors that predict women at risk for low birthweight infants, develop understanding and strategies for preventing material behavior that adversely affects fetal growth, describe the events precipitating labor, and finding ways of stopping premature labor.

Lois Salisbury, however, in her appeal for comprehensive prenatal care, disagreed with Brandt:

> While I don't fault the expenditure of research money, I think the answer is much better known and better established within the medical literature than what he (Brandt) conveyed this morning. The medical literature is replete with examples of comprehensive prenatal care which has dramatically reduced the tendency of high infant mortality among low-income minority communities and also especially among teenagers.

Good Nutrition—An Important Adjunct to Prenatal Care

The Committee learned that comprehensive prenatal care should include clinical checks and laboratory tests to detect, treat and monitor the health and well-being of the pregnant woman and fetus, health education, childbirth preparation, psychological counseling, and education in breastfeeding and family planning. The particular importance of nutritional assessment, counseling and food supplementation was also noted as an invaluable adjunct to comprehensive prenatal care.

The Women, Infants, and Children's Supplemental Feeding Program (WIC) has been successful in contributing to a decrease in the numbers of low birth weight infants. Eileen Kennedy, national consultant for the International Food Policy Research Institute, reported that recent assessments of the effectiveness of the WIC program in Oklahoma, Massachusetts, Tennessee, and Louisiana showed a 30 to 40 percent decrease in the incidence of LBW and/or small-for-gestational-age infants among WIC participants. In a large scale 1980 study in Massachusetts, significantly fewer neonatal deaths were found in infants born to WIC mothers when compared to a non-WIC population. Using similar research methods, Kennedy found that WIC participation was associated with increased birth weight (averaging 107 grams) and a significant decrease in the incidence of LBW.

Witnesses at regional hearings supported this finding with data from their own states. In Wyoming, between 1981–82, among 935 infants and children participating in the WIC program, but whose mothers *were not* in the program when pregnant, the incidence of LBW was 15.6 percent. However, the incidence of LBW among 431 infants whose mothers had participated in WIC since the first trimester was only 5.8 percent.

Five witnesses reported that in addition to providing necessary food supplements, women served by WIC also receive earlier prenatal care.

Prenatal care and nutritional supplementation not only improve survival rates for high risk infants, they have proven to be less costly.

Several impressive analyses of the cost-effectiveness of prenatal care and nutritional supplementation were brought before the Committee:

—In Massachusetts, for every dollar spent on WIC for prenatal care and nutrition, $3 is saved in *immediate* hospital costs.

—According to Blackwell and Salisbury, current estimated neonatal intensive care and rehospitalization costs for LBW infants in the United States are $638.4 million. By providing comprehensive prenatal care to all low-income women, the federal government could achieve savings in excess of $350 million in just one year. This analysis *excludes* other costs such as those for institutionalization, physical handicaps, or rehospitalization after the first year.

—At a Maternal and Infant Care project in New York City, approximately two million dollars have been saved in hospital costs alone by providing prenatal care to low-income women. The incidence of low birth weight was substantially reduced, assuring long term savings as well.

Intervention After Birth

The Committee focused on conditions and interventions with relation to prenatal care because of the primary importance of that period to a successful pregnancy, and because interventions, particularly nutrition interventions, at that time can so successfully raise birth weights, the greatest predictor of infant health.

There are, however, other approaches that can be very helpful in responding to the infant mortality/low birth weight problem. According to Assistant Secretary Brandt, for example, regionalized perinatal systems can be helpful in dealing with the problem of infant mortality. These systems provide medical care to women with high risk pregnancies, as well as intensive neonatal care to ill or low birth weight infants. Currently, projects supported by federal funds exist in 24 states. Continued support, through significantly reduced, will come from the Maternal and Child Health Block Grant.

Dr. Edward Ehlinger, citing differences in neonatal and postneonatal infant mortality rates for blacks and Native Americans, suggested that different strategies for intervention must be considered for populations with higher rates of postneonatal mortality:

> In the neonatal period (the first 30 days of life) Native Americans have death rates similar to whites, while blacks have rates almost twice as high. In the postneonatal period (1 month to 12 months) the death rate for blacks and Native Americans is three to four times that of whites. This has implications for health planners. Blacks need assistance with both maternity and child health services, while Native Americans could benefit more from programs targeted to families after birth.

States are also responding to the needs of newborns. David Pingree, Secretary of the Department of Health and Rehabilitative Services in Florida, described ten highly specialized centers in Florida which have provided intensive neonatal care to more than 34,000 infants since 1974. He told the Committee: "We believe that the program has had a significant impact on Florida's infant mortality rate, which has dropped since 1972 from 14.2 deaths per 1000 live births, to 10.3 per 1000 in 1982."

CHAPTER 31: EMOTIONAL AND INTELLECTUAL DEVELOPMENT

Emotional and intellectual health, as critical to the well-being of children as physical health, also demand our attention.

Preventing Life-Long Emotional Stress

The Committee has listened to a range of experts describe the complex factors which can negatively affect family functioning and the emotional development of children. Dr. Stanley Greenspan of the National Institute of Mental Health argued persuasively, however, that: "Early identification and preventively oriented interventions can effectively reverse early maladaptive patterns and promote healthy development."

The records of the Committee show, unfortunately, that there is reason to be concerned about the availability and adequacy of treatment for children's emotional problems. (See also Chapter 4, "Emotional Development in the First Years of Life".)

The Committee was pleased, though, to learn of the many cost-effective prevention and intervention programs that can help families minimize or avoid problems in emotional development. Some of the examples brought before the Committee include:

—The Children's Center in Salt Lake City which provides evaluation services, day treatment, short-term outpatient groups and residential treatment for preschool children with behavior problems. The treatment program serves approximately 130 youngsters. Follow-up studies have shown that 85 percent of the children treated are able to maintain themselves in a regular classroom;

—A home visitor program in Colorado which found that in 25 cases where a supportive role model was provided to a high risk family, no severe cases of child abuse were reported after 2 years. In another group of 25 high risk families where there was no home visitor, 5 severe abuse cases were reported;

—The Parental Stress Center in Pittsburgh, which recently started "Warm Line," a free telephone service for parents of young children. Most of the concerns of callers had to do with first babies under one year of age, confirming the level of stress infants can bring to new parents;

—A study at Yale University which looked at the effects of preventive intervention strategies, including counseling and guidance for the children, support for parents, parenting skills, and training. Results ten years later indicate, among other positive outcomes, that children participating in the intervention require special education 50 percent less often than do comparable non-participants;

—A program at Children's Hospital in Boston, where the behavior of low-income mothers towards their babies improved in relation to the amount and kind of information the mothers received about their babies from their doctors. Importantly, later cognitive gains among such children have been found in a study by Tiffany Fields, Director of Child Development Research at the Mailman Center for Child Development in Miami; and

—A partnership between the Pittway Corporation and the State of Illinois who have joined together to support and evaluate programs to help high risk families. According to Irving Harris, Chair of Pittway, "We have set up systems to support parents when their babies are infants and to enable parents to obtain prenatal care and nutrition advice."

Enhancing Intellectual Growth

The Committee was pleased to learn of the many cost-effective ways known to prevent or remediate the many problems of intellectual impairment in children. There are also positive achievements in enhancing normal intellectual development. As in so many cases, there is much more known about successful intervention than there are resources committed to them.

James McGaugh, Professor of Psychobiology at the University of California, Irvine, and Assistant Secretary Brandt described the country-wide efforts to prevent phenylketonuria by routinely screening infants. According to Dr. Brandt, all states are currently screening for phenylketonuria with support from the Maternal and Child Health Block Grant.

The Committee learned that Fetal Alcohol Syndrome (FAS) and the deleterious effects of alcohol consumption in general during pregnancy can be entirely prevented if women who are pregnant or planning to become pregnant stop drinking. Many private and government groups are helping to educate the public about drinking and pregnancy. Dr. Brandt described the ongoing research and public education efforts of the National Institute on Alcohol Abuse and Alcoholism (NIAAA) toward FAS prevention. Future NIAAA research interests will include the effects of "binge" drinking, mechanisms underlying adverse effects of drinking on offspring, and long-range development of children born to mothers who drank during pregnancy.

Many health professionals working in community clinics have already incorporated the results of research into their counseling programs. Dean LaBate, Director of the Adolescent Clinic at the Ryan Health Center in New York, explained that pregnant adolescents visiting their prenatal clinics are educated about the negative effects of alcohol and drugs on their bodies, and on their babies.

Some children are intellectually at-risk because they are raised in impoverished environments. The Perry Preschool Project, described to the Committee by Dr. David Weikart, Director of the High/Scope Foundation in Ypsilanti, Michigan, was designed to answer the question. "Can high quality early childhood education make the difference in the lives of children, their families and in the quality of life in the community?" One hundred twenty-three children and families have participated in this study which began in 1962. Half of them took part in a high quality preschool program for two and one-half hours once a week, either for one year at age four or two years at ages three and four. The other half did not participate in the program. The Committee was impressed with the results of the study so far:

—Children who participated in the preschool program were placed in special education at a much lower rate (15 percent) than those in the group who did not have preschool (35 percent).

—Those who participated in early education are now self-supporting nearly twice as often as those who did not attend preschool, 45 percent vs. 25 percent.

—Participants in the preschool project have a lower arrest rate for criminal behavior (31 percent) than those who did not participate (51 percent).

—Those who attended preschool are less likely to appear on the welfare rolls than those who did not, 19 percent vs. 41 percent.

—The birthrate for young women who participated in the preschool program is 64 births per 100 women compared to 117 births per 100 for those who did not participate.

In addition to having positive effects on the participants, the program is also highly cost-effective. Economic analyses of the data from this 20+ year study found that for every $1 invested in high quality preschool programming, the return to society is $4.75 in reduced spending on social services. Dr. Weikart broke this down further for the Committee:

> For every $1 invested, there is a $1 reduction in special education costs in public schools. For every $1 invested, there is a 50¢ reduction in crime costs, such as police arrests, processing, juvenile detention, court costs, (and) probation . . . there is a 25¢ reduction in welfare (administration) costs and a $3 increase in (projected) lifetime earnings.

These estimates do not include an additional $3 saved in lowered welfare benefit costs and increased income tax revenues.

The High/Scope project does not stand alone in illustrating the benefits of early education. Research conducted by the Consortium for Longitudinal Studies provides strong evidence that a variety of early education programs have been successful in helping disadvantaged children reach their full intellectual potential. The Consortium is a group of 12 investigators who independently designed and implemented early childhood programs in the 1960s. In 1976 they pooled their original findings and conducted a collaborative follow-up study.

The Consortium found, for example, two experimentally designed early education programs that reduced the need for special education placement and retention in grade. These programs varied considerably: In one, a center-based approach was implemented in the summer with home visits during the school year beginning at age four. The other program consisted of weekly two-hour meetings of teachers and individual children who were two and three years old. Those who attended these early education programs were placed in special education or retained in grade at a lower rate than those who did not have early education; 32 percent vs. 53 percent.

Other evidence of the effectiveness of preschool education comes from the Head Start Synthesis Project. This project is currently being conducted by the Administration for Children, Youth, and Families to examine the new evidence that Head Start is delivering effective early education. While the data are not available for long time periods like the High/Scope project, the findings for the intermediate range are in the expected track indicated by the High/Scope project and the Consortium study. When success in school is measured by such factors as non-retention in grade, placement in regular classes as opposed to special education, and teacher ratings, Head Start graduates generally do better than those who did not attend Head Start.

The Committee also learned about the effectiveness of early education from performance reports of several local programs. Dr. Rita Weiss of the University of Colorado described one preschool intervention which assists children in learning language skills and improving related learning capacities. A formal evaluation, as well as feedback from the 2,300 teachers and specialists using INREAL (INclass REActive Language) have shown that: Children in an INREAL setting acquire language faster and better than other children; handicapped and bilingual children make even more progress than other children; as a group, INREAL children have fewer problems in learning to read and write; they have fewer learning disabilities; fewer of them are denied promotion and forced to repeat the same grade; and because they have less need for remedial services, they are less costly to the school systems. Savings to school districts of nearly $200 per child have been estimated.

A Colorado Department of Education study, "Effectiveness of Early Special Education for Handicapped Children", corroborates the INREAL findings. The Colorado study, submitted for the record of the Salt Lake City hearing, shows that handicapped children who attended the preschool program had higher levels of achievement and reduced need for special education services. These children were also more frequently able to benefit from regular education without any special support.

In completely independent testimony, Dr. Peter Negroni, Community School Superintendent for District 12 in the Bronx, New York, reported similar successes using the INREAL method.

Karen Wynn, Executive Director, American Indian Education Consultants, Inc. in Tucson, told the Committee in Santa Ana that some of the schools "especially in the lower income areas of Tucson are now offering 'extended day' kindergarten sessions to work closely with the students on language and readiness concepts—which are sorely needed by the children." Catherine Blakemore, Supervising Attorney with Protection and Advocacy, Inc., in Los Angeles, reiterated the positive effects of these programs. Unfortunately, consistent with other witnesses, she pointed out problems children face in gaining access to quality services. She and others noted the existence of gaps in federal and state services which deter participation at a time when children could be most helped.

CHAPTER 32: FATHERS AND CHILDREN

Involving Fathers

In the November 10, 1983 hearing on paternal absence and father's roles, the Committee learned that children whose fathers are present in the home but emotionally inaccessible experience some of the same risks as children in father absent homes.

Yet according to James A. Levine of the Fatherhood Project of Bank Street College of Education, society does little to support the involvement of fathers in childrearing, except as breadwinners. He suggests, in fact, that men are taught *not* to have any significant day-to-day responsibility for their children, even if they want to. Only recently have there been signs that this attitude is changing. Slowly, hospitals, employers, social service agencies, schools, and the courts have begun to develop programs to encourage greater father involvement.

A number of innovative interventions designed to promote father involvement were brought before the Committee. Among these were two programs targeted toward fathers of infants and preschool children:

—In St. Paul, Minnesota, For a Father and His Baby is a three-week program, headquartered in a community hospital, which provides a postpartum forum just for fathers who bring their babies along for "hands-on" Saturday sessions; and

—Something Special for Dads (and Kids) is a program in New York City for fathers, accompanied by their pre-school children. It includes ten school-based Saturday morning sessions with group activities, social interaction, and a time for "dads-only" discussion of common concerns. In addition to helping fathers learn about child development, the program serves as a support group.

The Committee also learned about several programs targeted toward fathers in particularly high risk situations—teenage fathers, single fathers, fathers of handicapped children and incarcerated fathers:

—Teen Father Collaboration operates in eight cities. Teenage fathers are offered education, job-skill training, employment referrals, "hands-on" parenting skills training, family planning information, counseling, and mutual support;

—Father Assistance Community Education Services (FACES) in Plainville, Connecticut, operates out of a community mental health clinic to serve the needs of single fathers—both with and without custody. It helps fathers deal with legal issues, practical homemaking skills, and changes in family relations;

—Supporting Extended Family Members is a Seattle, Washington program for fathers of handicapped children. It is based on a recognition of their need for support, information, encouragement, and a sense of community. It meets in a university-based mental health/mental retardation center and provides opportunities for child-father play and group discussion for fathers; and

—In Norfolk, Massachusetts, Incarcerated Fathers' Group is one of the very few programs that work with groups of incarcerated fathers. Operating in a medium security installation, it is aimed at enhancing the relationship of male inmates and their children by establishing contact through letters and prison visits. It provides support to both the inmates and their children. The program is staffed by personnel assigned to the State Department of Mental Health, which has found that "one factor that contributes to getting out of prison is an inmate's strong ties to his family."

Supports for Children with Absent Fathers

One-fifth of all children living in single parent homes without extended family supports need creative alternatives.

In our first hearing, Harold Richman made it clear that a great many of our nation's children will experience the absence of one parent, usually the father, during the course of their childhood:

> Single parenthood is now a fact of life for all classes and for all races. It is an important example for us of a social reality that has come upon us faster than we have been able to agree upon the appropriate social responses. The reality is there. We will have to respond.

The Committee was gratified to learn that some organizations have recognized the cognitive and emotional risks faced by many children in single parent families, and have begun to respond.

David W. Bahlmann, Chair of the National Collaboration for Youth, described the ways national voluntary youth organizations are responding to father absence and the needs of children from single parent homes. Big Brothers/Big Sisters of America is one example. They match adult volunteers with school-age children who need special adult attention.

Not all children from single parent homes need assistance from this program, since many rely on traditional family support systems and extended families. However, Bahlmann estimated that one-fifth of all children in single parent homes lack these supports. Courts are showing a greater sensitivity to what happens when normal problems of childhood are ignored or handled badly, and they, along with social service agencies, schools, churches, and the juvenile justice system are referring children to Big Brothers/Big Sisters for help. According to Bahlmann:

> The Big Brother/Big Sister approach has proved to be cost effective in both human and economic terms. The average cost of a match is $650 a year, compared to the $3,000 cost to the taxpayer for each child who enters the juvenile justice system or the $18,000–$65,000 it costs for a year of institutionalization.

Paternal Absence and the Military

General John A. Wickham, Jr. Chief of Staff of the United States Army, told the Committee that the Army increasingly recognizes the importance of the Army family. Since over half of the Army population is married, the Army confronts the problem not only of attracting service members, but also retaining them and their families.

In 1983 the Army issued a "White Paper on the Army Family" which established for the first time a basic Army philosophy acknowledging the importance of the family. An "Army Family Action Plan," designed to identify those policies necessary to benefit Army families, should soon be forthcoming.

General Wickham described various Army efforts to assist families with problems. For example, the Exceptional Family Member Program will identify service members with handicapped dependents to insure that they are assigned to posts with adequate treatment facilities.

A program instituted by the Navy was also described to the Committee. Return and Reunion Program, Navy Family Services, in Norfolk, Virginia, is designed to ease the re-entry of Navy fathers by sending a family service team out to ships that are returning to port after prolonged deployment. Team members help the crew members prepare realistically for the transition back into family life. On shore, family service workers also help the spouses and children prepare for the reunion.

CHAPTER 33: TEENAGE PREGNANCY

Varied and innovative programs exist to successfully prevent or intervene in teenage childbearing; there are simply not enough resources to serve everyone in need.

Prevention Programs

The Committee was heartened to learn of many successful prevention programs in the area of teen pregnancy.

During our St. Paul hearing, Committee members visited St. Paul Central High School which has a model adolescent health clinic offering full comprehensive health care. The clinic has a non-stigmatizing atmosphere, easily accessible during and after school hours. Since the clinic opened, teen pregnancy rates have declined from 59 per 1000 in 1976–77 to 31 per 1000 in 1980–1981. (See also Chapter 10, "Health in the First Days Of Life," for an additional discussion of improved pregnancy outcomes).

A prevention program in Washington Heights, New York, was described to the Committee by Judith Jones, Assistant Director at the Center for Population and Family Health. The program offers a range of services including: clinic services and contraceptive counseling to adolescents 21 and younger; outreach to schools and community organizations to reach preteens before they become sexually active; parent sex education seminars and conferences; a bilingual improvisational theater troupe to increase parent-teen communication; and a community health advocate program staffed by community residents. These efforts have resulted in a decrease in the percentage of births to teens from 13.8 percent in 1976 to a present level of 11.9 percent.

The Teen Health Project at the Ryan Community Health Center in New York City has seen a decline of 13.5 percent in the rate of teenage pregnancies since 1976. According to Director Dean LaBate, the program avoids the label "pregnancy prevention program." Rather, comprehensive services are provided including routine health care and health maintenance, immunizations, job and sports physicals, complete contraceptive care, education and counseling, WIC and social service referrals, outreach to schools and youth programs, referrals to job development and substance abuse programs. Services are offered confidentially during after-school and evening hours.

The Step-By-Step Program for junior high school students is one of several prevention projects at Family Focus/Our Place in Evanston, Illinois. It provides peer and professional support, counseling on health, sexual responsibility and life values, direct advocacy and referral services to high risk students.

Another of the programs at Family Focus/Our Place is Children Teaching Children, a peer-to-peer program for junior high students designed to improve self-esteem and academic achievement through meaningful personal relationships for participants.

The Near Peer Support Program is a similar Family Focus/Our Place program linking high school freshmen with successful, upper level high school students who act as advocates and supportive role models.

Several witnesses testified that promotion of abstinence among teenagers is the most successful form of primary prevention. While data demonstrating the success of this approach with teenagers was not presented, the Committee heard about three programs which make use of this approach. One was Womanity, a California-based volunteer, non-profit educational service that promotes the concepts of self-esteem, personal responsibility and abstinence for teenagers. Another, Teen Aide, Inc., a non-sectarian, non-profit Spokane, Washington group, was organized in 1981 to encourage abstinence as a pre-marital life style for teens. The Honorable Albert Quie, representing the Search Institute of Minneapolis, told the Committee about a value-based sex education curriculum that encourages youth to be self-disciplined and to exercise restraint in sexual activity.

Preventing Poor Pregnancy Outcomes for Teens

Apart from efforts to prevent teen pregnancy, a range of programs have focused on reducing health risks for teenage mothers and their infants. For example, quality prenatal care can reduce the possibility of poor pregnancy outcomes for teens. Two specific examples were given by Blackwell and Salisbury:

—The Lincoln Medical Center Teen Clinic in the South Bronx, where for 204 teens cared for at the clinic, the incidence of toxemia was very low (4.7 percent), the LBW rate was below the national average (6.3 percent), and the utilization rate of prenatal care was exceptionally high (93 percent had six or more clinic visits);

—The Booth Maternity Clinic for Pregnant Teens in Philadelphia, where teens participating in the program had lower rates of maternal and neonatal morbidity, higher rates of postpartum checkups, greater acceptance of birth control, and higher rates of breastfeeding. The number of premature births (4 percent) was below the national average of 14 percent premature infants born to teenage mothers.

Programs to Help Teen Parents

The Committee also learned of several teen parenting programs created by individuals who recognize that while prevention efforts are essential, parenthood does become a reality for many teens. In addition to prevention programs, Family Focus/Our Place provides programs designed to decrease second pregnancies which too often lock adolescent parents and their childen into poverty and dependence. These programs also provide support and practical assistance to pregnant and parenting teens through the use of peers and adult members of the community. Delores Holmes described their programs at Family Focus/Our Place:

—The Partners Program links pregnant teens to community women who were once teen parents themselves, and who have successfully managed parenting, social and economic roles.

—Sisterhood is a self-help network for teen mothers, while Brotherhood is based on a similar self-help concept for teen fathers or partners of pregnant women, as well as male teens who are sexually active.

At the University of Utah, the Early Childhood Research Program, in conjunction with the Children's Aid Society, has developed the Single Parent Project for adolescents and their at-risk preschool children. Group sessions for mothers and home-based intervention strategies focus on achieving independence, improving parenting skills, and developing support systems. James T. Young, President of the Board of Directors, Children's Aid Society of Utah, indicated that in the first two years of the project, program graduates had significantly higher employment rates, less dependence on AFDC and fewer referrals for child abuse than non-participating mothers.

The Adolescent Health Program in the St. Paul Schools provides day care for teen parents who remain in school. Eighty-seven percent of adolescent mothers remain in school after delivery. There is a less than 2 percent repeat pregnancy rate for mothers remaining in school.

Federal Interventions

Assistant Secretary Brandt described the work of the Office of Adolescent Pregnancy programs, which tries to emphasize family involvement and prevention services to reach adolescents before they become sexually active. In addition, they try to stress comprehensive care and counseling for pregnant adolescents which includes adoption as an alternative to teen parenting.

One demonstration project supported by the Office of Adolescent Pregnancy Programs is the Cities in Schools Adolescent Pregnancy Program in Washington, D.C. Maurice Weir, Director of the Program, cited the lack of coordination among service agencies as the major problem in dealing with teen pregnancy. Cities in Schools uses existing personnel in a coordinated service delivery system. By providing comprehensive services, they have reduced the number of repeat pregnancies and reduced the LBW rate.

CHAPTER 34: TROUBLED YOUTH

Providing alternatives to prevent destructive behavior is everyone's responsibility; and there are success stories.

Programs for Troubled Youth

While most youth negotiate the transition to adulthood successfully with the help of family and peers, some require specialized services and programs to help them with their problems. The Committee was pleased to learn about several examples of successful intervention programs.

In Santa Ana, members heard the personal account of a young Hispanic man who battled with drugs and alcohol while an adolescent. After receiving treatment at a residential program for Hispanic alcoholics, Jose Torres was able to pull his life together and today is pursuing a B.A. in psychology at a local university, and has become the administrator of the treatment program.

Primary prevention programs have also been of great interest to the Committee. Hopefully, teenagers can be helped to avoid dependency on drugs and alcohol, early pregnancy, and dropping out of school. One program, developed by Native American youth in cooperation with community elders on the Menominee Reservation in Northern Wisconsin, was presented to the Committee in St. Paul. Recognizing that high unemployment and few recreational and cultural activities contribute to problems among Menominee youth, Menominee youth and community business leaders created a Youth Development Corporation, which houses several small businesses both to employ youth and provide recreational and cultural activities.

As noted earlier, the Rheedlen Foundation, with support from the City of New York, has created a model after-school program in Junior High School No. 54, located in one of New York's toughest neighborhoods. The program stresses inclusion of teen peer counselors and remedial academics for those who need help, in conjunction with athletic, social and cultural activities. Members heard from one teenage participant who feels that the program has kept many young people off the streets, while easing ethnic tensions by setting an example of harmonious integration.

Members also learned of a successful after-school program for teenagers in Great Neck, a wealthy suburb of New York City. The program is entirely tax supported and is located in the community's public library. Called "Levels," it provides weekday/evening workshops in art, music, dance, theater, and computer programming, as well as weekend social events including theater productions. Bus service ensures participation of younger teens. The value of an after school program like Levels was expressed to the Committee by 13-year-old Danny Sonenberg:

> By the time I reached the seventh grade, I was going through a difficult time in my life because my father had died the year before and I didn't have many friends in school. When I attended the first meeting of the Theatre Workshop Players, I was overwhelmed by how friendly the kids and Levels' staff were. It was a new experience to have people go out of their way to become friendly with me. I also had a chance to meet people who were older than I, with more experience in the theatre, and they were certainly willing to help me.

Preventing Teenage Suicide

Suicide is the most extreme action a troubled teenager can take. Fortunately, there are people and programs successfully preventing such tragedies from occuring.

The Suicide and Crisis Center in Dallas has responded to the problem of suicide in its community by developing a mandated crisis intervention curriculum for the high school, organizing seminars for parents and school officials, and training teenagers to staff crisis hotlines. The Center's future goals include a hotline staffed entirely by teenagers for teenagers, and a series of support groups run by peers for suicide attempters.

The Committee also heard about a successful intervention program with suicidal adolescents at Boston City Hospital. Dr. Eva Deykin, Assistant Professor of Maternal and Child Health at Harvard University's School of Public Health, described an outreach program for teenagers aged 13 to 17 who had come to the emergency ward of Boston City Hospital because of an attempted suicide, or other blatantly self-destructive behavior. After an initial encounter at the hospital, an outreach worker followed up with each teenager in his/her home and developed an intervention strategy within the family and the community. In addition to this direct service, crisis intervention education was conducted with community human services professionals and teen peer leaders.

Study results showed a 16.7 percent decrease, after 18 months of intervention, in the hospital's suicide admission rate, and a 70 percent increase in teenagers seeking help because of suicidal thoughts, as opposed to suicidal actions. (This is considered a positive prevention outcome.) The study also revealed that teenagers coming to the hospital with suicidal problems were four times more likely to have had a history of abuse or neglect than other teenagers coming to the hospital. This finding suggests the need to target suicide prevention services to teenagers with a history of abuse or neglect.

CHAPTER 35: FOSTER CARE

Reforming the Foster Care System

While problems remain in the foster care system, P.L. 96-272 has allowed local programs to successfully promote the concept of permanency planning.

One area of critical importance to youth is foster care. The weight of the Committee's findings regarding the response to problems in the foster care system is, with some exceptions, very encouraging. The reforms contained in the Child Welfare and Adoption Assistance Act of 1980 (P.L. 96-272), which were designed to reduce the number of children entering foster care by providing preventive services in their home, and to find permanent placement for children lingering in the foster care system, are in part responsible for this progress.

The Youth Law Center (San Francisco, California) provided the Committee with their assessment of P.L. 96-272 and a corresponding state law, based on a series of interviews with attorneys, judges, social workers, and service providers in California. They concluded:

> On the basis of our interviews, we concluded that passage of the federal and state laws has resulted in improvement in the foster care system. Almost everyone was aware of the general provisions of the state law and many individuals also were aware of the requirements of the federal law. The notable exception of this was the biological parents, who in many cases, were not aware that the law

had been changed and equally unaware of their rights under the new laws.

In particular, we found a new awareness of the importance of both preventive services and other efforts to avoid removal of children from their familes and the need for permanency in children's lives. Foster parents, advocates, judges, social workers and providers all commented on new requirements that make removal from home more difficult and mandate quick return to the biological family. In addition, members of all of these groups were aware, at least theoretically, that the movement to achieve permanency may require termination of parental rights after a shorter period of time.

Local Efforts to Reform the Foster Care System

Witnesses brought to the Committee examples of other local programs which have succeeded in reducing or eliminating some of the problems historically prevalent in the foster care system. Ms. Donna Davies, President of the Connecticut Association for the Prevention and Treatment of Child Abuse and Neglect, told the Committee about a model parent aide program:

> We have 25 parent aides. They are constantly being begged to take cases. Parents call themselves asking for these services. Instead of calling to ask to have the child removed and put into foster care, some of these same parents are now calling and saying, "I want to get into the program, I want an aide."

Another program in San Mateo County, California provides several services, including respite care, parent education, and psychiatric services to families with a history of abuse or neglect. The program has reduced the average length of stay in foster care by 45 percent. In addition, according to Ms. Jeanette Dunckel, Chairperson of the California Foster Care Network Policy Board, the percentage of children referred to the child protective services who never had to be removed from their homes has increased from 54 percent to 79 percent.

CHAPTER 36: JUVENILE JUSTICE

Effective Alternatives for Youth Offenders

Community-based alternative treatment programs for juvenile offenders work, but they are not reaching enough of the troubled youth in need.

Despite problems stemming from State and local juvenile justice and criminal justice action (or inaction), many communities, in conjunction with their local juvenile justice systems, have developed rehabilitation/treatment programs as alternatives to incarceration.

In Camden, New Jersey, the Juvenile Resource Center, Inc. (JRC) has served as an alternative to incarceration for youthful offenders for the past four years. Stella Horton, Director of the Alternative School in the New Jersey Juvenile Resource Center, testified that JRC services are designed to meet the total needs of the youth and are provided in a nonthreatening, supportive environment. Services include pre-vocational and vocational training and a wide range of educational and counseling services, including adult basic education, preparation for the G.E.D., remediation of learning disabilities, and individual, group and family counseling. Recently, JRC developed a business which employs some of the youth.

Program results show that many youth can be maintained in the community with the proper community support system:

—80 percent of JRC clients obtain employment in private sector businesses in Camden County.

—Approximately 70 percent of the youth receive their high school equivalency diploma (G.E.D.).

—55 percent of the youth go back to regular schools or vocational schools, and on to college.

—The recidivism rate is less than 20 percent. Nationally, recidivism averages about 50 percent.

The Select Committee learned from A. J. Carlisle, Chairperson of the Juvenile Justice Advisory Group for the State of Maine, that Maine has made great progress in addressing the needs of its juvenile offenders and has undertaken several innovative projects with community and State groups. Unfortunately, the evaluation of two of the projects that were originally supported by the federal Office of Juvenile Justice and Delinquency Prevention will not be completed because, as Carlisle told the Committee at the time, "the Administrator of the Office of Juvenile Justice and Delinquency Prevention does not believe the Office should be involved in prevention."

The Menominee Positive Youth Development Program (PYD), located on the Menominee Indian Reservation in Wisconsin, was established to help prevent young people from getting into trouble. Prior to the establishment of PYD on the reservation, there was a great deal of juvenile crime, with nearly 85 percent of the burglaries on the reservation committed by youth. Cheryl Peters, Vice President of the Menominee Youth Development Corporation, described the program to the Committee, including some of the very positive results of the program so far. Police records show that PYD has already helped to keep youths out of trouble, and has helped to foster increased and better communication between young people and elders of the tribe.

At the Mountain West hearing, Dan Maldonado, Executive Director of the Institute of Human Resource Development in Salt Lake City, called the Committee's attention to the over-representation of Hispanic youth in the correctional system. Hispanics comprise 20 percent of the juvenile court population in Utah yet make up only 5 percent of the entire population. Representation in secure facilities approaches 30 percent. Maldonado indicated that the court system has been working with the Hispanic community to reduce the proportion of Hispanic juvenile offenders.

Innovative and cost-effective programs in Florida were described to the Committee by Jack Levine:

—The Juvenile Alternative Sources Project (JASP) is a court diversion program for non-serious juvenile offenders that provides services such as arbitration, restitution, family counseling and community work opportunities. In FY 1982-83, 16,000 clients were served. Initial evaluations reported low recidivism (less than 20 percent), more than 300,000 hours of community service work performed, and restitution payments of nearly one-quarter million dollars. JASP services are provided at a per client cost of approximately $170.

—The Non-Secure Detention Program provides intensive supervision to youths in pre-hearing status at one-third the cost of secure detention placement. All evaluations show that this alternative to secure confinement is successful in that the youths appear at their hearings and are not accused of additional offenses in the interim.

—Non-residential delinquency programs served some 24,000 youths during FY 1982–83. One of these programs, which helps clients develop marine science skills, has the lowest recidivism rate of all delinquency services available in Florida. The per client cost for non-residential services is approximately $11.00 per day.

—Community-based residential commitment programs served 2,284 youths in FY 1983–84. Recidivism rates from these community-based programs are more favorable than those of training schools.

Finally, and most encouragingly, the Committee heard the personal stories of Bill Wilke from Minneapolis and David Berriel from Salt Lake City. These youths told of their early experiences in the juvenile justice system and how they later managed to turn their lives around. Wilke is now 19 years old and the Associate Director for Marketing of Youth Futures, Inc., which helps disadvantaged youth create business opportunities. David Berriel, 18, is a certified auto mechanic.

SECTION 3: FAMILIES IN NEED

CHAPTER 37: CHILD CARE

In spite of the demonstrated and growing need among lower and moderate income families for quality, affordable child care, there have been drastic cutbacks. The results—higher costs for everyone.

Current Policy

There is no doubt that child care is important. It is one of those services which, if adequately provided for, allows individuals to leave welfare and seek employment. It also protects children from neglect.

Nevertheless, the response of policymakers has been to cut child care, especially for low-income and single parent families. Eve Block, Executive Director of Statewide Youth Advocacy, Inc. reported that "during the last two years between 8,400 and 12,000 New York State children have lost subsidized day care". She noted that day care cuts have directly hurt the working poor. Thirty-five counties in New York have no day care for the working poor, although 90 percent of persons who receive subsidized day care are single parents. She testified that "it is the absence of a federal child care policy and the absence of funds targeted and restricted to child care which have made this essential service so vulnerable to local cuts."

The problems with current child care efforts, as discussed in Chapter 13, "Child Care: Who Will Watch the Children?", include: accessibility and availability of slots for all income and age groups; programming sensitive to the needs of migrants and Native Americans; diversity in delivery systems; and adequate pay for child care workers. Because of these problems, many children are, at best, cared for in unlicensed facilities. Often, they receive no supervision at all.

Employer-Sponsored Options

State and federal responses, because they have involved cutbacks, have more often been part of the problem than the solution. The Committee was pleased to hear, though, of increased activity in the area of employer-sponsored child care.

Nancy Claxton described for the Committee in Santa Ana the different ways employers can get involved in child care. She explained that "employer assisted" programs are those where the employer supports child care either through direct operation of a program or through cash benefits as part of a fringe benefit program for the employee. For example, an employer could provide a voucher to the employee, who could then use it to pay for care in either a family day care home or a child care center. Alternatively, non-profit corporations could be developed to provide child care for a consortium of employers.

Jane Snecinski, Director of the day care center at Baptist Memorial Hospital in Miami, described one interesting example of employer involvement in child care. She said:

> In May 1981, with a waiting list of over 100 childen, the Board of Trustees of Baptist Hospital approved a $750,000 commitment to the employees to build a facility to house children's services, including a developmental child care program for as many as 100 children per shift.

Snecinski further described how the center's design responds to the particular needs of the hospital:

> The facility is open from 6:00 a.m. to midnight 364 days a year and offers a wide scope of services to children between the ages of 6 weeks and 6 years, including a development child care program, movies and a summer camp program. A zoning variance has been applied for which will increase the acceptable age level to 14 years, enabling after-school care to be offered. The present fees range from $48 to $53 for a full time enrollment (45 hours), and vary depending on the shift.

In addition to benefiting the hospital, the staff, and the children, Snecinski pointed out an additional positive benefit. By providing day care for its own employees, the hospital is leaving more day care slots open in the community.

CHAPTER 38: FAMILIES IN CRISIS

The combined calamities of family violence, hunger, and homelessness are on the rise in America. A review of the Committee's evidence can lead to no other conclusion.

These trauma and their impact are described in detail in Chapters 14, 15, and 16 of this report. While many millions of families and children would have suffered even greater hardship had federal programs not been available at all, nevertheless, most of these programs became less available at the very time the need for them rose. Consequently, almost the entire response to the emergency situation many families have faced has come from state and local governments, and private, non-profit agencies.

Child Abuse

While responding agencies uniformly face much larger caseloads as well as people with more complex problems, their resources have been declining. A typical example of this dilemma was described by Celeste Kaplan, a United Way volunteer. She reported that children service workers in the Los Angeles County Department of Public Services have been cut 18 percent since 1978, while referrals for child abuse increased 46 percent. As a result, only the most severe cases of physical and sexual abuse were investigated, and only for children under 14. Virtually no services were available for adolescents or for less serious cases of child abuse, and nothing was provided in cases of neglect. In addition, during this period all of the voluntary placements of children, which means placements from serious home situations before they lead to serious abuse, were abandoned.

Fortunately, the Committee heard about, and learned a great deal from, many of the successful prevention and intervention programs designed to address child abuse in particular.

In Denver, a home visitor program for 25 high risk families saved over $1 million in medical costs for the treatment of severely abused children.

In Connecticut, there are several successful prevention models using parent aides, multidisciplinary child protection teams, and Parent's Anonymous support groups.

In Florida, multidisciplinary teams are used to investigate cases of child abuse. The Tampa area hosts an innovative foster home for young mothers at high risk of abuse, and their children, who are cared for by foster grandmothers.

In Duluth, Minnesota, a sexual abuse awareness and treatment program provides support for children who are victims of sexual abuse, as well as a program for elementary school children which helps then distinguish between "good" and "bad" touching.

Homelessness

The response to the needs of homeless and hungry families has been dramatic, but still the need remains.

Primary responsibility for assisting homeless families seems, again, to have fallen on the private non-profit sector, with some assistance from state and local governments.

Father Harvey testified that agencies of Catholic Charities provided emergency shelter for 3,900 single adults in 1981 and 63,000 in 1982. Emergency shelter for families and children nearly tripled in the same period to about 71,000.

Georgia McMurray, Deputy General Director of the Community Service Society in New York, told Committee members, "The City's Human Resources Administration reports that as of June 1983, 2,000 homeless families—up from 950 last year—were in hotels or family shelters. This included about 3,000 children."

Hunger

Responding to the needs of hungry children, youth, and families has been left primarily to the private non-profit sector. In fact, some witnesses told the Committee that the federal government's response—cutbacks in programs—has led directly to an increased burden on the private sector.

It is not that the federal government's commitment to food and nutrition programs can be considered insubstantial. According to Alice Rivlin, "food stamps . . . provided between $8 billion and $9 billion worth of food coupons to families with children" in 1982, and $3 billion in outlays for families with children were provided by child nutrition programs.

But Rivlin also reported that:

> In the last three years, benefits have declined significantly relative to the number of potentially eligible families, and in 1982 alone spending levels fell by about 5 percent in real terms. Two offsetting factors have affected outlay levels in this period. On the one hand, the number of low-income families has increased considerably since 1979, causing both eligibility and applications for benefits to rise. On the other hand, major cuts in these programs would have reduced outlays on them substantially had the recession not increased the number of beneficiaries.

Ms. Martha Ballou, former Director of the Task Force on Emergency Food and Shelter in Minnesota, told the Committee, "Because of federal cutbacks, the number of people served by food shelters and soup kitchens has doubled in the last year." In the face of this increase, Ms. Ballou stated the private sector has not been able to meet nutrition needs, particularly of children.

Committee members were impressed with the additional burden assumed by churches, charities, and community organizations.

In New York City, Kathy Goldman, Director of the Community Food Resource Center, told Committee members:

> There are now 54 soup kitchens in New York City, and over 100 emergency food pantries. The Salvation Army expects to provide one million meals this year, *double* last year's number. Children's Aid Society is now feeding hundreds of families at dinner programs in response to the overwhelming need.

Catholic Charities, according to Father Harvey, nearly doubled the number of emergency meals served between 1981 and 1982, from 495,514 to 998,685.

Yet while private organizations and churches have stepped in to partially fill the food gap, many providers are unable to keep up with growing demand. Jean Forbath, Executive Director of Share Our Selves, an all volunteer non-profit emergency assistance agency in wealthy Orange County, California, described the problems they have in meeting the need:

> One of the greatest problems we face at S.O.S. is maintaining an adequate supply of food to provide to the families who come to us. We would like to give them enough food for a few days, but we usually manage to scrape up enough for only three or four meals. The surplus cheese has been a great help, but we need more of it and more powdered milk, rice and whatever our government is storing. Grassroots groups like S.O.S. have no trouble distributing it to those in need . . . For example, we use 800 pounds of pinto beans a week and if we could afford it, we could use twice that number.

APPENDIXES

APPENDIX I

LIST OF TABLES

The following tables are drawn from two Select Committee prints; "U.S. Children and Their Families: Current Conditions and Recent Trends," and "Demographic and Social Trends: Implications for Federal Support of Dependent-Care Services for Children and the Elderly." The tables have been updated where possible.

Table 1. Infant Mortality.
Table 2. Prenatal Care.
Table 3. Immunization Among Preschool Children.
Table 4. Child Care Arrangements.
Table 5. Child Support.
Table 6. Number of Children by Age and Race.
Table 7. Households with Children.
Table 8. Family Living Arrangements.
Table 9. Female-headed Families.
Table 10. Mothers' Marital Status and Employment.
Table 11. Labor Force Status of Mothers with Children Under Six.
Table 12. Children in Poverty.
Table 13. Children Under Six in Poverty.

TABLE 1.—INFANT MORTALITY

[Infant deaths per 1,000 live births]

	1950	1960	1970	1975	1978	1979	1980	1981	1982
All races	29.2	26.0	20.0	16.1	13.8	13.1	12.6	11.7	11.2
Whites	26.8	22.9	17.8	14.2	12.0	11.4	11.0	....	....
Blacks	43.9	44.3	32.6	26.2	23.1	21.8	21.4	....	....

Note: The infant mortality rate is the number of deaths of children under age 1 per 1,000 live births.

Source: National Center for Health Statistics, Health, United States, 1982, table 11. Data for 1981 and 1982 from National Center for Health Statistics, "Births, Marriages, Divorces and Deaths for 1982," Monthly Vital Statistics Report, vol. 31, No. 12; "Advance Report of Final Mortality Statistics, 1979, "Monthly Vital Statistics Report, vol. 31, No. 6, Supplement, Table 20; "Advance Report of Final Mortality Statistics, 1980," Monthly Vital Statistics Report, vol. 32, No. 4, Supplement, Table 10.

TABLE 2.—PRENATAL CARE

[Percentage of live births]

	1970	1972	1974	1976	1978	1980	1981
Prenatal care began:							
1st trimester:							
All races	68	70	72	74	75	76	76
White	72	74	76	77	78	79	79
Black	44	49	54	58	60	63	61
3d trimester or no prenatal care:							
All races	8	7	6	6	5	5	5
White	6	6	5	5	5	4	4
Black	17	13	11	10	9	9	9

Source: National Center for Health Statistics, Health, United States, 1982, table 24; Monthly Vital Statistics Report, vol. 31, No. 9, supplement, December 1983, table 20.

TABLE 3.—IMMUNIZATION AMONG PRESCHOOL CHILDREN

[Percentage of children 1–4 immunized, according to disease]

	1970	1975	1978	1979	1980	1981
Measles	57	66	63	63	64	64
Rubella	37	62	62	64	64	65
D.P.T.[1]	76	75	68	65	66	68
Polio[1]	66	65	61	59	59	60
Mumps		44	51	55	57	59

[1] Diphtheria-pertussis-tetanus, 3 doses or more; polio, 3 doses or more.

Source: U.S. Bureau of the Census, Statistical Abstract of the United States, 1982–83, table 187. Data from U.S Immunization Survey, annual, Centers for Disease Control.

TABLE 4.—CHILD CARE ARRANGEMENTS

[Type of child care arrangements for preschool children who have employed mothers (percent distribution)]

	Children under 6		Children under 5	
	1958	1965	1977	1982
Mothers employed full-time:				
Care in child's home	56.6	47.2	27.6	25.7
By father	14.7	10.3	9.4	10.3
Other	41.9	36.9	18.2	15.4
Care in another home	27.1	37.3	46.1	43.8
Relative	14.5	17.6	20.3	19.7
Nonrelative	12.7	19.6	25.8	24.1
Group care center	4.5	8.2	14.3	18.8
Other arrangements	11.8	7.4	8.5	11.7
Mothers employed part-time:				
Care in child's home	NA	47.0	40.3	39.3
By father		22.9	21.5	20.3
Other		24.2	18.9	19.0
Care in another home	NA	17.0	29.4	34.0
Relative		9.1	13.6	15.6
Nonrelative		7.9	15.8	18.4
Group care arrangements	NA	2.7	8.9	7.5
Other arrangements	NA	33.2	18.0	19.2

Source: 1958 and 1965 data calculated from U.S. Bureau of the Census, "Trends in Child Care Arrangements of Working Mothers," Current Population Reports, series P23, No. 117, table A; 1977 and 1982 data from U.S. Bureau of the Census, "Child Care Arrangements of Working Mothers: June 1982," Current Population Reports, series P23, No. 129, table A.

TABLE 5.—CHILD SUPPORT

[Women with minor children from an absent father]

	Number in U.S. population (millions)		Percent awarded child support payments		Percent who received any child support		Mean annual support received [1]	
	1978	1981	1978	1981	1978	1981	1978	1981
All women with minor children from an absent father	7.1	8.4	59	59	35	35	$1,799	$2,110
Number of own children:								
1 child	3.6	4.2	55	57	30	30	1,288	1,624
2 children	2.1	2.8	65	65	42	42	1,995	2,292
3 children	.8	.9	62	57	36	37	2,528	2,797
4 children or more	.5	.5	57	49	34	29	2,752	3,146
Current marital status:								
Divorced	2.4	2.9	80	81	52	52	1,951	2,220
Remarried	2.0	2.2	77	78	39	39	1,602	1,909
Separated	1.3	1.6	45	42	27	26	1,906	2,374
Never married	1.4	1.7	11	14	6	7	976	1,015
Race and Spanish origin:								
White	5.1	6.0	71	69	43	42	1,861	2,180
Black	1.9	2.3	29	34	14	16	1,294	1,640
Spanish origin	.5	.6	44	44	24	24	1,318	2,068
Educational attainment:								
Less than 12 years	2.4	2.4	46	43	23	19	1,503	1,677
High school graduate	3.2	4.0	64	63	38	37	1,664	1,909
Some college	1.1	1.4	69	68	43	45	2,089	2,309
College graduate	.5	.6	71	76	52	56	2,574	3,089

[1] By those who received any support.

Note: Own children includes both biological and adopted children.

Source: Calculated from U.S. Bureau of the Census, Current Population Reports, series P23, No. 112, table B; P23, No. 124, table 1.

TABLE 6.—NUMBER OF CHILDREN BY AGE AND RACE

[Number in millions]

	1960	1970	1980	1982	1990 (projected)
Total, aged 0 to 17	64.2	69.6	63.7	62.7	64.3
Age:					
0 to 5	24.3	21.0	19.6	20.6	23.0
6 to 11	21.7	24.6	20.7	19.8	21.8
12 to 17	18.2	24.1	23.3	22.3	19.5
Race:					
White	55.5	59.1	52.5	51.4	52.0
Nonwhite	8.7	10.6	11.1	11.3	12.4
Black	NA	9.5	9.4	9.5	10.3

Note: "Non-white" refers to all races other than white, and includes blacks, Indians, Japanese, Chinese, and any other race except white. Blacks comprise the great majority of nonwhites. People of Spanish origin can be of any race.

Source: U.S. Bureau of the Census. "Projections of the Population of the United States: 1982-2050," Current Population Reports, series P25, No. 922, table 2; "Preliminary Estimates of the Population of the United States by Age, Sex and Race: 1970-1981," Current Population Reports, series P25, No. 917, table 1; 1970 Census volume, "Characteristics of the Population, U.S. Summary," table 52; 1960 census volume, "Characteristics of the Population, U.S. Summary," table 155.

TABLE 7.—HOUSEHOLDS WITH CHILDREN

[Total households and percent distribution by type of household]

	1970	1982	1983
Total number of households (millions)	63.4	83.5	83.9
Percent of households:			
Family households	81.2	73.1	73.2
Married couple, no children under 18	30.3	30.1	30.4
Married couple, children 0 to 17	40.3	29.3	27.8
Male householder, children 0 to 17	.5	.8	.8
Female householder, children 0 to 17	4.5	7.0	6.8
Other families, no children under 18	5.6	5.8	6.0
Nonfamily households	18.8	26.9	26.8

Note: The Bureau of the Census defines a family as a group of 2 or more persons residing together and related by birth, marriage, or adoption. A household consists of all those persons who occupy a housing unit. It includes related family members, and all unrelated persons, if any. A person living alone in a housing unit or a group of unrelated persons sharing a housing unit is counted as a household. A householder is usually the person, or one of the persons, in whose name the home is owned or rented. If there is no such person in the household, the householder can be any adult household member.

Source: U.S. Bureau of the Census, "Household and Family Characteristics: March 1981," Current Population Reports, series P20, No. 371, table A; unpublished data from the March 1982 and 1983 Current Population Survey.

TABLE 8.—FAMILY LIVING ARRANGEMENTS

[U.S. children under 18, 1982]

	Number (millions)	Percentage of all children
Child lives with:		
Both biological parents	39.3	63
Mother only	12.5	20
Father only	1.2	2
1 biological parent and 1 stepparent	6.2	10
2 adoptive parents	1.2	2
Grandparents or other relatives	1.6	2
Foster parents, other nonrelatives, or in institution	.4	1
Total	62.4	100

Source: Calculated from unpublished data from the March 1982 Current Population Survey, U.S. Bureau of the Census. Proportions adopted and living with remarried parents estimated from the 1976 and 1981 National Surveys of Children, and from Paul Glick, "Children of Divorced Parents in Demographic Perspective," Journal of Social Issues, 35, pp. 170–182, 1979.

TABLE 9.—FEMALE-HEADED FAMILIES

[Number of families with children under 18 (millions), and percent female-headed]

	1960	1970	1980	1982	1983
Total families	26.66	28.81	30.52	31.01	30.82
Female-headed	1.89	2.93	5.34	5.87	5.72
White families	23.26	25.54	26.16	26.34	26.00
Female-headed	1.39	2.00	3.51	3.93	3.71
Black families	2.40	2.98	3.73	3.92	3.89
Female-headed	.50	.91	1.75	1.82	1.86
Percent female-headed:					
Total families	7	10	17	19	19
White	6	8	13	15	14
Black	21	30	47	46	48

Source: U.S. Bureau of the Census, Statistical Abstract of the United States, 1982–83, table 73; unpublished data from the March 1982 Current Population Survey.

TABLE 10.—MOTHER'S MARITAL STATUS AND EMPLOYMENT

Mother's marital status and age of children	1970	1975	1981	1982	1983
	Percentage of mothers in labor force				
All mothers:					
Children 0–5	32.2	38.9	46.6	49.9	50.5
Children 6–17 only	51.5	54.8	64.4	65.8	66.3
Married:					
Children 0–5	30.3	36.6	47.8	48.7	49.9
Children 6–17 only	49.2	52.3	62.5	63.2	63.8
Separated:					
Children 0–5	45.4	49.1	51.0	55.2	53.8
Children 6–17 only	60.6	59.0	70.0	68.4	68.7
Divorced:					
Children 0–5	63.3	65.6	65.4	67.2	68.7
Children 6–17 only	82.4	80.1	83.4	83.6	82.2
	Percentage of mothers who are unemployed				
All mothers:					
Children 0–5	8.2	14.4	10.2	12.9	14.4
Children 6–17 only	5.0	7.7	6.7	8.2	9.1
Married:					
Children 0–5	7.8	13.9	8.2	10.1	10.9
Children 6–17 only	4.7	7.2	5.3	7.0	6.7
Separated:					
Children 0–5	13.3	23.7	20.2	20.1	27.6
Children 6–17 only	5.9	12.9	14.2	14.6	20.0
Divorced:					
Children 0–5	5.2	10.4	10.3	13.5	16.8
Children 6–17 only	6.5	9.1	7.1	9.2	12.8

Note: Data are for March of each year. The labor force comprises all persons classified as employed or unemployed. Employed persons are those at work in a job or business, or who have a job or business from which they are temporarily absent due to such factors as illness, vacation, and labor disputes. Unemployed persons are those who do not have a job or business but have made specific efforts to find a job in the last 4 weeks, or are waiting to return to an old job or report to a new one.

Source: U.S. Bureau of the Census, Statistical Abstract of the United States, 1982-1983, table 638 and Statistical Abstract of the United States, 1981, table 653, and unpublished data from the Bureau of Labor Statistics.

TABLE 11.—LABOR FORCE STATUS OF MOTHERS WITH CHILDREN UNDER 6

[Number and Percent of Children Under 6 by Number of Parents in Household and Labor Force Status of Mother (children in thousands)]

	1980	1990 projections	Change in—	
			Number	Percent
Children with 2 parents, mother not in labor force	8,435	7,594	−841	−10
Children with mother only, not in labor force	1,219	1,609	309	32
Children with 2 parents, mother in labor force	6,930	9,394	2,464	36
Children with mother only, in labor force	1,777	2,786	1,009	57
Other	1,268	1,614	346	27
Total children	19,629	22,997	3,368	17

Note: The "other" category includes children living with their fathers only, as well as those living with neither parent.

Source: Select Committee on Children, Youth, and Families, Committee Print, "Demographic and Social Trends: Implications for Federal Support of Dependent-Care Services for Children and the Elderly," December 1983, summary table 1.

TABLE 12.—CHILDREN IN POVERTY

[Percentage of persons below poverty and 125 percent of poverty]

	1959	1970	1975	1980	1981	1982
Percentage below poverty level:						
Related children under 18:						
All children	26.9	14.9	16.8	17.9	19.5	21.3
White	20.6	10.5	12.5	13.4	14.7	16.5
Black	65.3	41.5	41.4	42.1	44.9	47.3
Spanish origin	NA	NA	33.1	33.0	35.4	38.9
Persons 65 or older	35.2	24.5	15.3	15.7	15.3	14.6
Persons of all ages	22.4	12.6	12.3	13.0	14.0	15.0
Percentage below 125 percent of poverty level:						
Related children under 18:						
All children	37.9	20.8	23.1	23.7	25.5	27.4
White	31.6	15.5	18.1	18.7	20.2	22.0
Black	NA	52.3	51.2	49.8	53.1	56.1
Spanish origin	NA	NA	44.5	44.5	44.9	48.2
Persons 65 or older	NA	33.9	26.4	25.7	25.2	23.7
Persons of all ages	31.1	17.6	17.6	18.1	19.3	20.3

Note: Related children under 18 include biological, step-, and adopted children of the householder, and any other children related to the householder by blood, marriage, or adoption. The poverty level is based on money income and does not reflect receipt of noncash benefits such as food stamps. Different levels are set according to the size and composition of the family. The levels are revised each year to reflect changes in the Consumer Price Index. In 1982 the average poverty level for a family of four was $9,862.

Source: U.S. Bureau of the Census, Current Population Reports, series P60, No. 133, tables 1 and 2, No. 134, tables 15 and 16, P60, No. 140, tables 15 and 16.

TABLE 13.—CHILDREN UNDER SIX IN POVERTY

[Number and percent of children under 6 in poverty by household type, in 1980 and projections for 1990 (children in thousands)]

	1980		1990		1980 to 1990		
	Number in poverty	Percent in poverty	Number in poverty	Percent in poverty	Total additional children	Additional children in poverty	Additional poor as percent of total additional
All households	3,950	20	4,918	21	3,533	968	27
Female-headed	1,953	65	2,711	62	1,399	758	54
Male-headed	1,997	12	2,207	12	2,135	210	10

Note: 1990 poverty rates for each household type (male and female-headed) equal to corresponding 1979 rates, to reflect the most recent prerecession period. Overall poverty rate in 1990 does not equal 1979 rate because of the increasing proportion of children in female-headed households. Female-headed households are defined as families with female householders and no husband present. Male-headed households include all other types of households.

Source: Select Committee on Children, Youth, and Families, Committee Print, "Demographic and Social Trends: Implications for Federal Support of Dependent-Care Services for Children and the Elderly," December 1983, summary table 2.

APPENDIX II

1983 HEARING SCHEDULE

[Regional and Washington, D.C.]

Apr. 28	Washington, D.C.	"Beginning the Assessment."
June 30	do	Prevention hearing, "Prevention Strategies for Healthy Babies and Healthy Children."
July 12	do	Crisis Intervention hearing, "Families in Crisis: The Private Sector Response."
July 18	do	Economic Security hearing, "Supporting a Family: Providing the Basics."
July 20	do	Prevention hearing, "Teen Parents and Their Children: Issues and Programs."
July 25	New York City	Regional hearing, "Children, Youth and Families in the Northeast."

1983 HEARING SCHEDULE—Continued

[Regional and Washington, D.C.]

Sept. 20	Washington, D.C	"Children's Fears of War."
Sept. 26	St. Paul, Minn	Regional hearing, "Children, Youth and Families in the Midwest."
Oct. 14	Miami, Fla	Regional hearing, "Children, Youth and Families in the Southeast."
Oct. 27	Washington, D.C	Crisis Intervention hearing, "Teenagers in Crisis: Issues and Programs."
Nov. 10	do	Economic Security hearing, "Paternal Absence and Fathers' Roles."
Dec. 6	Salt Lake City, Utah	Regional hearing, "Children, Youth and Families in the Mountain West."
Dec. 7	Santa Ana, Calif	Regional hearing, "Children, Youth and Families in the Southwest."

APPENDIX III

1983 SITE VISITS

July 25—Under 21, Covenant House, New York, New York (Multi-service program and long term emergency shelter for runaway and homeless youth); Hotel Martinique, New York, New York (Housing for homeless families).

September 26—St. Paul Maternal and Infant Care Project: High School Clinic, Education and Day Care Program, St. Paul Central High School, St. Paul, Minnesota.

October 14—Mailman Center for Child Development and Jackson Memorial Hospital Programs, including the Neonatal Intensive Care Unit, University of Miami, Florida.

December 6—Primary Children's Medical Center, Salt Lake City, Utah: Inpatient Treatment Program, Department of Child Psychiatry; Intermountain Pediatric Trauma Center; Infant Intensive Care Unit.

December 7—Orange County Youth Guidance Center, Santa Ana, California (Temporary facility for non-violent criminal offenders aged 13 to 18).

APPENDIX IV

LIST OF WITNESSES

Listed below are the names, titles, and dates of appearance of all witnesses testifying before the Select Committee in 1983. Also included are names of those individuals submitting testimony for written hearing records who are noted in this volume.

Adnopoz, Jean, Executive Director, Coordinating Committee for Children in Crisis; Research Associate, Yale Child Study Center (July 25, 1983).

Angell, Stephen, Executive Director, Family Services of Dutchess County, Poughkeepsie, New York (July 12, 1983).

Austin, Ursell, Age 16, Oakland, California (September 20, 1983).

Bach, Perry, Chief, Child and Adolescent Mental Health Services, San Diego County (December 7, 1983).

Bahlmann, David W., Chair, National Collaboration for Youth, and Executive Vice President, Big Brothers/Big Sisters of America, Philadelphia, Pennsylvania (November 10, 1983).

Baldwin, Wendy, Chief, Demographic and Behavioral Sciences, Center for Population Research, National Institute of Child Health and Human Development (July 20, 1983).

Ballou, Martha, Special Assistant for Policy Analysis, Minnesota Dept. of Agriculture; Former Director of the Governor's Task Force on Emergency Food and Shelter (September 26, 1983).

Bell, Albertha, Miami, Florida (October 14, 1983).

Belton, Steven, President, Urban Coalition of Minneapolis (September 26, 1983).

Benton, Marjorie, Chair, Save the Children, accompanied by 100 children (April 28, 1983).

Berriel, David, Salt Lake City, Utah (December 6, 1983).

Best, Victoria, Executive Director, Dutchess County Youth Board, New York (July 25, 1983).

Biamby, Roger, Executive Director, Haitian American Community Association of Dade County, Florida (October 14, 1983).

Biller, Henry B., Professor of Psychology, University of Rhode Island, Kingston, Rhode Island (November 10, 1983).

Blackwell, Angela, Attorney, Public Advocates, California (June 30, 1983).

Blake, Norbie, Indian Child Welfare Act Legislative Committee, Minnesota (September 26, 1983).

Blakemore, Catherine, Supervising Attorney, Protection and Advocacy, Inc., Los Angeles (December 7, 1983).

Block, Eve, Executive Director, Statewide Youth Advocates, New York (July 25, 1983).

Borgenicht, Louis, Assistant Professor of Family and Community Medicine, University of Utah School of Medicine (Submitted Testimony, September 20, 1983).

Brandt, Hon. Edward N., Assistant Secretary of Health, Department of Health and Human Services (June 30, 1983).

Brazelton, T. Berry, Chief, Child Development Unit, Children's Hospital Medical Center; Associate Professor of Pediatrics, Harvard Medical School (April 28, 1983).

Camacho, Ismael, Paralegal, The Farmworkers' Center, Las Cruces, New Mexico (December 7, 1983).

Carlisle, A. L., Chair, Maine Juvenile Justice Advisory Board (July 25, 1983).

Carr, Virgil, President, Family Service Association of Detroit, Wayne County, Michigan (July 12, 1983).

Chapman, Bruce, Director, U.S. Census Bureau (April 28, 1983).

Claxton, Nancy, Member, Public Policy Committee, California Association for the Education of Young Children; Coordinator, Child Care Program, Orange County (December 7, 1983).

Clow, Suzanne L., Associate Director, Child Care Program, Phoenix Institute, Salt Lake City (December 6, 1983).

Cocozza, Joseph J., Executive Director, New York State Council on Children and Families (July 25, 1983).

Coler, Greg, Director, Illinois Department of Children and Family Services, Springfield, Illinois (July 12, 1983).

Covino, Joseph, Library Director, Great Neck Library, Great Neck, New York (October 18, 1983).

Crary, Don, Executive Director, Arkansas Advocates for Children and Families, Little Rock (October 14, 1983).

Cupoli, Michael, Director, Section on Child Development, Department of Pediatrics, University of South Florida, Tampa (October 14, 1983).

Davies, Donna, Coordinator, Regional Child Advocacy Team, Connecticut (July 25, 1983).

Davis, Karen, Professor and Chair, Department of Health Policy and Management, School of Hygiene and Public Health, Johns Hopkins University (July 18, 1983).

Deykin, Eva, Assistant Professor of Maternal and Child Health, School of Public Health, Harvard University (October 27, 1983).

Difiglia, Elaine, Parent, Plano, Texas (October 27, 1983).

Dolbeare, Cushing, President, National Low Income Housing Coalition (July 18, 1983).

Driscoll, Pat, Director, Womanity, Walnut Creek, California (July 20, 1983).

Duc, Nguyen, Reverend, Chaplain to the Refugees, St. Anselm's Church; Director, Vietnamese Youth Center, Orange County, California (December 7, 1983).

Dunckel, Jeanette, Chair, California Foster Care Network Policy Board, Children's Research Institute of California (December 7, 1983).

Dunford, Mitzi, Junior League of Salt Lake City (December 6, 1983).

Dworin, Det. William H., Sexually Exploited Child Unit, Los Angeles Police Department (December 7, 1983).

Ehlinger, Edward, Director, Personal Health Services, Minneapolis Department of Health (September 26, 1983).

Elkind, David, Visiting Scholar, Lincoln Filene Center, Tufts University (September 20, 1983).

Ellis, Effie, Health Consultant, Quality of Life Program, Dept. of Human Services, Chicago; Health Consultant, March of Dimes (July 12, 1983).

Elmer, Elizabeth, Parental Stress Center, Pittsburgh, Pennsylvania (July 12, 1983).

Falkner, Frank, Professor and Chairman, Maternal and Child Health Program, School of Public Health, University of California-Berkeley; and Professor of Pediatrics, School of Medicine, University of California-San Francisco (July 30, 1983).

Fiedler, Jessica, age 11, Muscatine, Iowa (September 20, 1983).

Fiedler, Robert, Parent of Jessica; Former Director of Civil Defense, Muscatine County, Iowa (September 20, 1983).

Fields, Kim, Co-star of television series, "Facts of Life" (October 27, 1983).

Forbath, Jean, Excutive Director, Share Our Selves, Orange County, California (December 7, 1983).

Frances, Carol, Chief Economic Advisor, National Education Industry Group, Coopers and Lybrand (July 18, 1983).

Furlong, William F., Chief, Nevada Child Support Enforcement Program, Reno, Nevada (December 6, 1983).

Giffin, Mary, Medical Director, Irene Josselyn Clinic, Northfield, Illinois; author of *A Cry for Help* (October 27, 1983).

Goldenring, John, Loyola Marymount University; Fellow, American Academy of Pediatrics (September 20, 1983).

Goldman, Kathy, Director, Community Food Resource Center, New York (July 25, 1983).

Graham, Robert, Administrator, Health Resources and Services Administration, Department of Health and Human Services (June 30, 1983).

Greenspan, Stanley, Chief, Clinical Infant Research Unit, Laboratory of Psychology and Psychopathology, Intramural Research Programs, National Institute of Mental Health (June 30, 1983).

Hegenah, Jessica, age 8, Minneapolis, Minnesota (September 26, 1983).

Hagenah, Terry, Parent of Jessica, Minneapolis, Minnesota (September 26, 1983).

Harris, Irving B., Chair, Pittway Corporation, Chicago, Illinois (July 12, 1983).

Harvey, Father Thomas, Executive Director, National Conference of Catholic Charities (July 12, 1983).

Haynes, Janice, Columbus, Ohio (July 12, 1983).

Heade, Reverend Herman, National Director of Urban Affairs and Church Relations, Prison Fellowship, Washington, D.C. (November 10, 1983).

Hermansen, Merrill L., Third District Juvenile Court, Provo, Utah (December 6, 1983).

Hill, Joise, Coordinator, Children Teaching Children Program, Family Focus/Our Place, Evanston, Illinois (September 26, 1983).

Hoffenberg, Ellen, Program Director, Guardian Ad Litem, Tallahassee, Florida (October 14, 1983).

Holmes, Delores, Director, Family Focus/Our Place, Evanston, Illinois (September 26, 1983).

Holton, Gerald, Mallincrofdt Professor of Physics and Professor of History of Science, Harvard University; and Visiting Professor, Massachusetts Institute of Technology (April 28, 1983).

Horton, Stella, Director, Alternative School, New Jersey Juvenile Resource Center (July 25, 1983).

Indiana Federation on Children and Youth, Submitted Testimony (September 26, 1983).

Irwin, Linda, Executive Director, Youth Alternatives, Inc., New Orleans, Louisiana (October 14, 1983).

Jardon, Mario, Executive Director, Northwest Dade Community Mental Health Center, Inc. (October 14, 1983).

Jones, Judith E., Assistant Director, Center for Population and Family Health, Columbia Presbyterian Medical Center, New York (July 20, 1983).

Kaplan, Celeste, Volunteer, United Way of Los Angeles (December 7, 1983).

Kelley, Barbara, Area 1 Council, Association of Junior Leagues (July 25, 1983).

Kennedy, Eileen, National Consultant, International Food Policy Research Institute; and Visiting Professor, Tufts University School of Nutrition (June 30, 1983).

Klinman, Debra G., The Fatherhood Project, Bank Street College of Education, New York, New York (November 10, 1983).

Kramer, Rita, Author of *In Defense of the Family, Giving Birth, Childbearing in America Today, How to Raise a Human*

Being, and numerous contributions to the New York *Times* "Parents" column (April 28, 1983).

Krugman, Richard, Associate Professor of Pediatrics, University of Colorado School of Medicine; Director, C. Henry Kempe National Center for the Prevention and Treatment of Child Abuse and Neglect, Denver, Colorado (December 6, 1983).

LaBate, Dean, Director, Adolescent Clinic, William H. Ryan Health Center, New York City (July 25, 1983).

Lamb, Michael E., Professor, Department of Psychology, Psychiatry and Pediatrics, University of Utah, Salt Lake City, Utah (November 10, 1983).

LeGard, Eva, Member, East Baton Rouge Parish School Board; Member, Governor's Task Force on Priority Setting for Education in the 80's, Louisiana (October 14, 1983).

Levine, Jack, Executive Director, Florida Center for Children and Youth, Tallahassee (October 14, 1983).

Levine, James A., The Fatherhood Project, Bank Street College of Education, New York, New York (November 10, 1983).

Lifton, Robert J., Foundations' Fund for Research in Psychiatry Professorship, Yale University School of Medicine (September 20, 1983).

Lipsett, Mortimer, Director, National Center for Child Health and Human Development, Department of Health and Human Services (June 30, 1983).

Lipsitz, Joan, Director, Center for Early Adolescence, University of North Carolina at Chapel Hill (October 27, 1983).

Lubin, Leah, Children's Campaign for Nuclear Disarmament, New Haven, Connecticut (July 25, 1983).

Mack, John E., Professor of Psychiatry, Cambridge Hospital, Harvard Medical School (September 20, 1983).

Maldonado, Dan, Executive Director, Institute of Human Resource Development, Salt Lake City, Utah (December 6, 1983).

Mansour, Agnes Mary, Director, Michigan Department of Social Services, Lansing, Michigan (September 26, 1983).

Mapp, Patricia, Director, Wisconsin's Children's Audit Project, Center for Public Representation, Madison, Wisconsin (September 26, 1983).

Marte, Victor, Center 54, Rheedlen Foundation, New York City (October 27, 1983).

Massachusetts Department of Public Health, Submitted Testimony (July 25, 1983).

Matheson, Frank B., Senior Assistant Attorney General; Child Abuse and Neglect Advisory Council, Salt Lake City, Utah (December 6, 1983).

McAdoo, John L., Associate Professor, School of Social Work and Community Planning, University of Maryland, Baltimore (November 10, 1983).

McAliley, Janet, Member, Dade County Board of Education, Miami, Florida (October 14, 1983).

McGaugh, James L., Professor of Psychobiology; and Director, Center for the Neurobiology of Learning and Memory, University of California, Irvine (June 30, 1983).

McGee, Elizabeth, A., Director, "Economic Self-Sufficiency for Teenage Parents" Project, National Child Labor Committee (July 20, 1983).

McMurray, Georgia, Deputy General Director, Community Service Society, New York City; Former Commissioner, New York City Agency for Child Development (July 25, 1983).

Meier, John, Director of Research, Childhelp U.S.A./International, California (December 7, 1983).

Meyer, Jack A., American Enterprise Institute for Public Policy Research (July 18, 1983).

Middleton-Jeter, Verona, Associate Director, Henry Street Settlement, Urban Family Center, New York City (July 12, 1983).

Mitchell, Marie, Coordinator, Teen Services Program, Grady Memorial Hospital, Atlanta, Georgia (October 14, 1983).

Montanans for Children, Youth and Families, Submitted Testimony (December 6, 1983).

Moore, Nat, Miami Dolphins (October 14, 1983).

Myers, Cynthia, Director, National Runaway Switchboard, Chicago, Illinois (September 26, 1983).

Negroni, Peter, Community School Superintendent, District 12, New York City (July 25, 1983).

Nicholas, Geraldine, Director, Nat Azarow Day Care Center, Brooklyn, New York (July 25, 1983).

Nicholi, Dr. Armand, Faculty, Harvard Medical School; Staff, Massachusetts General Hospital; and Former Chairman, Massachusetts Governor's Commission on Children and Family (April 28, 1983).

Novello, Joseph, Director, Child and Adolescent Services, Psychiatric Institute, Washington, D.C. (October 27, 1983).

O'Hare, Donna, Project Director, Maternal and Infant Care—Family Planning Projects, Medical Health Research Association of New York City, Inc. (July 25, 1983).

Ojala, Denise, Volunteer, Team of Advocates for Special Kids; Parent, Orange County, California (December 7, 1983).

Option House, Submitted Testimony (December 7, 1983).

Orjuela, Gerald, age 12, Brooklyn, New York (September 20, 1983).

Ouellette, Eileen, Director, UAF, Shriver Center of Mental Retardation; Assistant Professor of Neurology, Harvard University Medical School; and Assistant Pediatric Neurologist, Massachusetts General Hospital (June 30, 1983).

Page, Robin A., President, University of Utah Single Parents Association, Salt Lake City (December 6, 1983).

Pearce, Diana, Director of Research, Center for National Policy Review, Catholic University, Washington, D.C. (July 18, 1983).

Peters, Cheryl, Vice President, Menominee Positive Youth Development Program, Menominee Indian Reservation, Wisconsin (September 26, 1983).

Petersen, Thomas, Chief Assistant State Attorney, State of Florida (October 14, 1983).

Pingree, David, Secretary, Department of Health and Rehabilitative Services, Florida (October 14, 1983).

Planned Parenthood of Orange County, Submitted Testimony (December 7, 1983).

Plenk, Agnes M., Executive Director, The Children's Center, Salt Lake City, Utah (Submitted Testimony, December 6, 1983).

Praksti, Robert, Director, Permanency Planning Project, National Council of Juvenile and Family Court Judges, Reno, Nevada (December 6, 1983).

Pressman, Maurie, Medical Director, Horizon Hospital, Dodge Memorial Hospital, Florida (October 14, 1983).

Quie, Hon. Albert, Search Institute, Minneapolis, Minnesota; Former Governor and U.S. Representative from the State of Minnesota (September 26, 1983).

Richman, Harold, Director, Social Policy Research Center; and Director, Children's Policy Research Project, National Opinion Research Center; and Hermon Dunlop Smith, Professor, School of Social Service Administration, University of Chicago (April 28, 1983).

Riley, Emma Jane, Volunteer, Orange County, California (December 7, 1983).

Rivas-Vazquez, Ana, Clinical Director, Children's Psychiatric Center, Miami (October 14, 1983).

Rivlin, Alice, Director, Congressional Budget Office (April 28, 1983).

Runyan, Elaine, Mother of kidnapped child, Provo, Utah (December 6, 1983).

Salamon, Lester, Director, Center for Governance and Management Research, Urban Institute, Washington, D.C. (July 12, 1983).

Salisbury, Lois, Attorney, Public Advocates, Inc., California (June 30, 1983).

Sawhill, Isabelle, V., Senior Fellow, Urban Institute; Co-Director, Changing Domestic Priorities Project (July 18, 1983).

Scully, Joseph, United States League of Savings Institutions; President, St. Paul Federal Savings and Loan, Chicago, Illinois (July 18, 1983).

Shafer, Lynn, Co-Director, Warm World Child Development Center, Stillwater, Minnesota (September 26, 1983).

Shaffer, Betty, Executive Director, Child Care Advocates of America, Orange County, California (December 7, 1983).

Shore, Deborah, Director, Sasha Bruce Youth Work, Inc., Washington, D.C. (October 27, 1983).

Smith, Judie, Program Director, The Suicide and Crisis Center, Dallas. Texas (October 27, 1983).

Snecinski, Jane, Director, Day Care Center, Baptist Memorial Hospital of Miami, Inc. (October 14, 1983).

Sonenberg, Danny, age 13, Great Neck, New York (October 27, 1983).

Stern, Alvera, Director, Prevention and Education Services, Youth and Shelter Services, Ames, Iowa (July 12, 1983).

Sternlieb, George, Director, Center for Urban Policy Research, Rutgers University (July 18, 1983).

Stewart, Joseph, Director, Center 54, Rheedlen Foundation, New York City (October 27, 1983).

Tall Bull, Susan Vassau, Acting Executive Director, Qua Qui Corporation, Missoula, Montana (December 6, 1983).

Tatham, Betty, Executive Director, YWCA, Salt Lake City (December 6, 1983).

Terrel, Jane, Maternal, Child and Adolescent Health Coordinator, Kern County Health Department, Bakersfield, California (Submitted Testimony, December 7, 1983).

Torres, Jose L., Administrator, Clinica Ometochtii, Orange County, California (December 7, 1983).

Vancza, Georgia, Coordinator, Region IX Arizona Resource Center for Children, Youth, and Families (December 7, 1983).

Wagner, Inez, Executive Director, Program for Aid to Victims of Sexual, Duluth, Minnesota (September 26, 1983).

Watson, Gann, Southeastern Public Education Program, Columbia, South Carolina (October 14, 1983).

Weaver, Marcia, Project Coordinator, Mississippi Chapter, American Academy of Pediatrics; Former Community Planner, Governor's Commission for Children and Families, Mississippi (October 14, 1983).

Weikart, David, Director, High/Scope Foundation, Michigan (June 30, 1983).

Weir, Maurice, Project Director, Cities-In-Schools, Inc., Washington, D.C. (July 20, 1983).

Weiss, Rita S., Assistant Dean, College of Arts and Sciences; INREAL Project Director; Professor, Department of Communication Disorders and Speech Science, University of Colorado, Boulder, Colorado (December 6, 1983).

Whitworth, Shauna, Director of Research, Military Family Resource Center, Springfield, Virginia (November 10, 1983).

Wickham Jr., Gen. John A., Chief of Staff, United States Army, Washington, D.C. (November 10, 1983).

Wilke, Bill, Associate Director of Marketing, Skywalkers Courier Service, Youth Futures, Minneapolis (September 26, 1983).

Williams, Joseph Terry, Director, Wyoming WIC Program, Department of Health and Social Services, Cheyenne, Wyoming (December 6, 1983).

Williams, Walter, Professor of Economics, George Mason University, Virginia (April 28, 1983).

Wilson, William P., Professor of Psychiatry, Duke University Medical Center, Durham, North Carolina (November 10, 1983).

Wynn, Karen, Executive Director, American Indian Education Consultants, Inc., Tucson, Arizona (December 7, 1983).

Wynne, Edward A., Professor of Education, College of Education, University of Illinois, Chicago; Editor, *Character,* Chicago (July 20, 1983).

Yogman, Michael W., Children's Hospital Medical Center, Harvard Medical School, Boston, Massachusetts (November 10, 1983).

Young, James T., President, Board of Directors, Children's Aid Society of Utah (December 6, 1983).

Youth Law Center, San Francisco, California, Submitted Testimony (December 7, 1983).

van Dyck, Peter C., Director, Family Health Services Division, Utah Department of Health (December 6, 1983).

APPENDIX V

SELECT COMMITTEE MANDATE AND LEGISLATIVE HISTORY

Embodied in House Resolution 16, Congress gave the Select Committee on Children, Youth, and Families, the following mandate:

Whereas Congress finds that strong family relationships are crucial to the health and optimal development of children;

Whereas there are approximately sixty-four million children in the United States and the number of children under age ten may increase by 20 per centum in the next decade;

Whereas decisions of the Federal Government involving education, employment, health and nutrition, law enforcement, or economic policy have a substantial effect upon the well-being of American children and their families;

Whereas a combination of governmental and private sector efforts are necessary to provide services and support for families and children; and

Whereas the House of Representatives lacks the capacity to conduct comprehensive oversight affecting our Nation's children, youth, and families: Now, therefore, be it

Resolved, That there is hereby established in the House of Representatives a select committee to be known as the Select Committee on Children, Youth, and Families (hereinafter referred to as the "select committee")

FUNCTIONS

SEC. 2. (a) The select committee shall not have legislative jurisdiction. The select committee shall have authority—

(1) to conduct a continuing comprehensive study and review of the problems of children, youth, and families, including but not limited to income maintenance, health (including medical and child development research), nutrition, education, welfare, employment, and recreation;

(2) to study the use of all practicable means and methods of encouraging the development of public and private programs and policies which will assist American children and youth in taking a full part in national life and becoming productive citizens; and

(3) to develop policies that would encourage the coordination of both governmental and private programs designed to address the problems of childhood and adolescence.

(b) Nothing contained in this resolution shall be construed to limit or alter the legislative and oversight jurisdiction of any standing committee of the House under rule X of the Rules of the House of Representatives.

The legislative history of the Committee is as follows:

March 31, 1982—House Resolution 421 to create the Select Committee on Children, Youth, and Families introduced in the 97th Congress.

September 29, 1982—House Resolution 421 passed.

January 3, 1983—House Resolution 16 to create the Select Committee on Children, Youth, and Families introduced in the 98th Congress.

February 2, 1983—House Resolution 16 passed.

March 22, 1983—Operating funds under House Resolution 16 authorized for the Select Committee on Children, Youth, and Families.

MINORITY VIEWS OF HON. DAN MARRIOTT, HON. HAMILTON FISH, JR., HON. DAN COATS, HON. THOMAS J. BLILEY, JR., HON. FRANK R. WOLF, HON. DAN BURTON, HON. NANCY L. JOHNSON, AND HON. BARBARA F. VUCANOVICH

FOREWORD

The Majority Members of the Select Committee on Children, Youth, and Families have written an extensive compilation of much of the material presented to the Committee. The Members and their staff are to be commended for their hard work on the project. However, we believe their analysis does not adequately recognize important material presented at our hearings, but is constrained by allegiance to explanations and programs rooted in a significantly different past. We can agree with many of the figures presented in their portion of this year-end report. However, we disagree with their theme that the primary cause of many of the problems outlined in the report are rooted in the recession, unemployment, and reductions in public expenditures.

Rather, today's policy makers now confront dramatic demographic changes that have been underway in America for more than two decades. These changes have gone largely unnoticed over time, and have had no impact on the formulation of federal policy. They have now erupted and created significantly new conditions that require the immediate attention of not only federal policy makers, but also of those in other governmental, educational, religious, and private sectors of society.

Alice Rivlin, Director of the Congressional Budget Office, told the Committee:

> As I read the data, and the observations, I am led to believe that the increase in the number of divorces and separations and single-parent families shows that something basic is going on in our society and that it is evolving over a long period independent of the ups and downs of the economy. I would not lay this change at the door of the recession, for instance. It has been going on much longer.

We find the most significant change is the alteration of America's family structure. While 88 percent of Americans live in families and 55 percent of all families have children under the age of 18, more and more children no longer have the vital support and commitment of two parents. The primary reasons for this change are increasing divorce and separation, increasing out-of-wedlock births, and increasing demands for women to enter the workforce. Not to be overlooked are federal policies which discourage strong family commitment and self reliance. The result of these demographic changes and the unintended results of federal policies affecting children and families is an erosion of our most important social unit—the family.

The Majority report gives short shrift to these changes. They attempt only to address the symptoms, rather than to better understand the causes, which is essential for what should be the more solution-oriented Committee agenda for the coming year. Many of these symptoms—abuse, family dysfunction, and poverty—are like family heirlooms. They are frequently passed from one generation to the next. Treating symptoms alone does little to break this cycle. The Committee was warned about this approach by a number of witnesses. Illustrative of this warning are the comments by Greg Coler, Director, Illinois Department of Children and Family Services, who told us:

> We cannot continually just address problems and only have our social services policy deal with the after-the-fact responses to horrible tragedies that affect children and their families.

Father Thomas Harvey, representing the National Conference of Catholic Charities, underscored this problem of typical government response:

> If you prove yourself a failure in your personal life and your work life, in your relationships, or in your parental responsibilities, then somehow the Government may have a program to meet your needs. But there has not seemed to have been any holistic vision of how to encourage strong qualities of family relationship and the independence that families really need.

The cost of treating symptoms with more and more federal programs, that do little to foster family self-sufficiency, is largely borne by tax paying families, with potentially devastating effects. Isabel Sawhill, Senior Fellow at the Urban Institute, told the Committee:

> Increasingly in a modern society, dependency is a matter of some families supporting other families: in other words, some families paying taxes to provide various forms of assistance to other families. That kind of reshuffling of income is very desirable because of its equity and humanitarian implications, but I think, as Arthur Okum used to say, we do have the problem of a leaky bucket. If we start transferring too much income we have to start worrying about losing some of the income because of disincentives to work.

The Majority's most significant finding is important: "Poverty remains one of the greatest predictors of risk and more and more families are facing this risk." Regrettably, their extensive report fails to take the essential step of analyzing the testimony to determine the greatest predictor of poverty itself—family composition.

Our analysis of the Committee's findings indicates, first and foremost, that the changing structure of America's families is largely responsible for shortfalls in the support system vital for the well-being of our children and youth.

Speaking about the importance of family structure in providing for the economic well-being of children, Bruce Chapman, Director of the Bureau of the Census, told the Committee plainly at the first hearing ". . . poverty is increasingly a function of family composition. . . ."

Dr. Armand Nicholi, Jr., of Harvard Medical School and former Chairman of the Massachusetts Governor's Commission on Children and the Family, told the Committee of the essential role families play in the emotional well-being of children:

> What has been shown over and over again to contribute most to the emotional development of a child is a close, warm, sustained and continuous relationship with both parents.

We must recognize the inability of the federal government to effectively or efficiently replicate this essential support system for children. Therefore, we cannot accept the Majority's implication that federal programs are the only solution to all the problems addressed to the Committee. In many instances there is little or no indication of the effectiveness of these programs. The assumption that these programs are achieving their aim is open to further discussion. The challenge of determining how we might restructure existing programs in light of some of the outstanding preventive approaches suggested by those who testified to the Committee has yet to be undertaken.

Further, the report does not discuss the dramatic effect runaway inflation has had on families, especially for those of limited income. According to Chapman:

> . . . *as a result of inflation.* . . there was less than 100 dollars difference between the real median family incomes of 1970 and 1980. *Between 1979 and 1980 the average American family experienced a significant decline of 5 percent in real income as the result of a 14.2 percent increase in consumer prices. . . "the largest decline recorded in the post-World War II period".*

A balanced discussion of the effects of the economy's problems on children and families would address this economic factor and its implications. A major national task over the past three years has been to gain control over inflationary pressures on the economy and families. This task has been accomplished, with a reduction of the inflation rate from 12.4 percent in 1980 to 3.8 percent in 1983.

Further, one must recognize the improved conditions which have resulted since mid-1983 from the economic recovery. The absence of testimony and statistical data documenting the effects on families of the drop in levels of unemployment and increased national productivity are partially explainable by the Committee's hearing schedule and the lag-time required to produce the report.

Keeping in mind that it was our intent that the Committee's first year be a fact-finding one, we are generally pleased with the Committee's work. However, it is most unfortunate that this report was not prepared cooperatively. Instead, it represents little more than Majority views based on selective information presented to the Committee. It is seriously deficient in meeting our goal for a common data base. While we take serious exception to the Majority's presentation in many areas, we will continue our endeavors to build upon common viewpoints and to begin to provide specific recommendations to the appropriate legislative committees in this next session.

Today we are making general recommendations in those areas where we feel confident to do so after our first year. We point out questions still to be answered, and support our findings and opinions where they diverge from the Majority. With the preceeding in mind, the following outlines our major concerns as the result of our first year of work:

> Family Composition and Poverty; Teenage Parents and Their Children; Children and Youth in Crisis: The Importance of Parents; Concerns of Children and Youth; Abuse, Neglect, and Sexual Maltreatment of Children; Child Care and Support for Working Families; Keeping Families Intact.

FAMILY COMPOSITION AND POVERTY

It is disheartening to all Members of the Committee that the well-being of families as a whole has not been improving. This is our primary concern because the family is the fundamental social unit and provides essential support and guidance for the healthy development of children. Reviewing the Committee's findings, we pose the question: How important is family composition to the economic well-being of children?

The Committee heard significant testimony with regard to the impact of family composition on poverty. It is perhaps clearest in the testimony received at our first hearing from Bruce Chapman, Director of the Bureau of the Census:

> . . . if it were not for the large increase in single-parent families, poverty would be a smaller problem than it is now in America . . . poverty is increasingly a function of family composition rather than economic conditions alone.

Mr. Chapman further clarified to the Committee the magnitude of the problem and its strong relationship to family income for both Blacks and Whites:

> . . . adjusting for changes in family composition raises the growth of real median income for White families from 1 to 3 percent during the last decade. Black families, however, adjusting for family composition changes, converts a 5 percent decline in real median income . . . to an 11 percent gain.

Faced with an increasing number of single-parent families, and seeing the magnitude of disparity in incomes; one must then ask, What is causing this change?

The answer is again clear in testimony received from the Bureau of the Census: it is not surprising that we see such a huge increase in the number of families maintained by women with no husband present, with the increasing divorce rate, increasing separation, and the increasing proportion of births out-of-wedlock. The statistics indicated that the number of single-parent families is up for both Blacks and Whites, from 9 percent in 1960 to 12 percent in

1980 for Whites, and from 22 percent in 1960 to 40 percent for all families among the Black population.

What are the implications for public policy? Chapman told the Committee that, "Collectively, over 50 percent of families maintained by women are, in one form or another, on public assistance." Moreover, the Committee found that among those circumstances contributing to Aid to Families with Dependent Children (AFDC) eligibility, divorce and separation and out-of-wedlock births rank highest and are increasing. Specifically, our May 1983 report, "U.S. Children and Their Families: Current Conditions and Recent Trends," showed that:

> (1) Divorce and separation represented 27.4 percent of family eligibility in 1969, increasing to 44.7 percent in 1979.
>
> (2) For the same two years family eligibility on the basis of out-of-wedlock births was 27.9 percent and 37.8 percent, respectively.
>
> (3) In total, 82.5 percent of the AFDC population is a reflection of these two growing trends—divorce and separation and out-of-wedlock births.

The report further indicated that the percentage of children receiving AFDC benefits has increased 310 percent since 1960, with costs for the program in constant (1981) dollars increasing 370 percent, from $4.8 billion to $13 billion. AFDC is just one of many federal programs assisting these families. We find the public costs are significant and increasing.

What are the implications for our nation's children? The Committee learned that the number of children in poverty is expected to increase, due largely to the growing number of single-parent households which we know suffer from a greater incidence of poverty.

Moreover, while "children living in husband-wife families enjoy nearly three times the family income of children in mother-only families," child support for children with an absent parent is decreasing in constant dollars. The average amount per family, not per child, actually decreased 16 percent between 1978 and 1981, and now averages about $2,110.

Recognizing the rapid increase in single-parent families, we have been gravely concerned with both the rate of child support payments, and the adequacy of those payments. The Committee learned in testimony from Chapman that:

> . . . of the 7.1 million women with children present from an absent father, about 4.6 million did not receive support payments (in 1978). . . . That is, about 65 percent of these mothers had to rely entirely on sources other than the father for their children's support. About 35 percent of these 4.6 million women had incomes below the poverty level, and about one-third of them received some form of public assistance income.

Chapman further stated that child support payments were of considerable importance to the mother who did receive them.

Income from child support represented about one-fifth of their total mean income.

We strongly recommend that the Congress act promptly to complete its work with current legislation in this area. Subsequent to enactment, it is essential that we continue to track this problem and work ever more diligently to see that absent parents meet their responsibilities to their children.

TEENAGE PARENTS AND THEIR CHILDREN

Adolescent pregnancy, described as "the problem that won't go away" is a critical public policy question for the Committee because of its enormous social and economic consequences. The rate of early childbearing in the United States is one of the highest in the developed world. The adverse consequences of adolescent sexuality and pregnancy out-of-wedlock are far reaching. For the adolescent girl it usually means a loss of prospects for education, a stable marriage, and productive work. For her children it can mean low birth weight and the risk of fetal alcohol syndrome and other preventable defects resulting from either the adolescent mother's behavior in pregnancy or her young age.

The cost to society is great. The numbers of single-parent mothers living through cycles of poverty and government dependency is increasing rapidly. Other families must shoulder an enormous tax burden to sustain these dependent families.

Our May 1983 report confirmed that the number of out-of-wedlock births had more than quadrupled since 1950. Chapman presented figures at the Committee's first hearing showing that the proportion of children born out-of-wedlock has increased for Whites from 2 percent in 1960 to 9 percent in 1979 and for Blacks from 22 percent in 1960 to 55 percent in 1979.

Although the proportion of out-of-wedlock births born to Black teenagers is considerably higher than that of White teenagers, it is clear that adolescent pregnancy is an issue that cuts across ethnic, racial and economic lines.

Wendy Baldwin, social demographer with the National Institute of Child Health and Human Development, reported:

> During the 1970's teenage childbearing became increasingly concentrated among young teenage women (referring to women ages 15–19) . . . the birth rates actually went up for some of the youngest teens . . . in 1960, there were 7,500 births to women under the age of 15; by the early 1970's that had risen to 13,000. There are now about 11,000 births to young teens each year.

Baldwin pointed out that birth rates fell fastest for older teens, and the percentage of out-of-wedlock births rose for all ages under 20, for both Blacks and Whites.

Over the years Congress has established programs such as Aid to Families with Dependent Children (AFDC), Food Stamps, Medicaid, and the Women, Infants, and Children feeding program (WIC) all of which provide support for single mothers and their children. In addition, Congress has sought to address prevention of unintended adolescent pregnancy though enactment of Title X of the Public

Health Service Act in 1971, and more recently the enactment of the Adolescent Family Life Program in 1981.

On the one hand, the federal government has programs in place designated to prevent adolescent pregnancy and on the other hand, programs to support unwed mothers. While the federal funds to address the needs of dependent mothers and their children have greatly increased, the proportion of out-of-wedlock pregnancies and the number of single-parent families living in cycles of poverty and government dependency has steadily risen.

There is no question that teenage mothers are giving birth to increasing numbers of low-birth-weight babies. The Majority argues that federally funded pre-natal nutritional and medical interventions are the crucial factor in the prevention of increasing numbers of babies born at risk.

Most of our current programs are after-the-fact interventions. We are convinced that equally important to effective prevention is a better understanding of the social, cultural and psychological conditions that result in teenage pregnancy.

The prevention of low-birth-weight babies to teenagers can be effected by pre-natal nutritional and other intervention strategies. But these strategies do not address the problem of increasing numbers of adolescent girls becoming pregnant at increasingly younger ages. According to the Joseph P. Kennedy, Jr. Foundation: A sixteen year-old girl is twice as likely to give birth to a low-birth-weight or premature baby than is a mother in her twenties. It is essential that we find ways to reduce teenage pregnancy.

Examining the Root Causes of Teenage Pregnancy

Many of the policies enacted by Congress have been predicated on the assumption that social problems can be solved through government funded interventions. We believe however, that there is strong evidence indicating that the rise of out-of-wedlock pregnancies is rooted primarily in social and cultural factors.

Dr. Effie O. Ellis, when asked to identify the biggest problem in early pregnancy prevention specifically in communities where the rates of teen pregnancy are highest, responded:

> I believe that the biggest problem in the highest risk communities is the breakdown of the family. The family unit is the foundation of what we become. For Black people it has been the extended family that has brought us through. In the Black communities, the Black single-parent families lead to alienation between teen males and adult males. Thus, the framework for orderly growth and development is weakened.

Dr. Nicholi concluded his testimony to the Committee at its first hearing, "Suffice it to say that the government must recognize fully that families are the vital cells that constitute the flesh and blood of our society."

Social historian Christopher Lasch echoes the testimony on the central importance of the family:

> As the chief agency of socialization, the family reproduces cultural patterns in the individual. It not only im-

> parts cultural norms, providing the child with his first instruction in the prevailing social rules, it profoundly shapes his character in ways of which he is not even aware. The family instills modes of thought and action that become habitual. Because of its enormous emotional influence, it colors all of a child's subsequent experience. (*Haven in a Heartless World)*

And, according to Gordon S. Jones of United Families of America:

> The most serious shortcoming of teenage family planning programs is its reliance on technology, and its failure to provide teenagers with guidance on sensitive moral matters.

Edward A. Wynne, Professor of Education, University of Illinois, presented long range documentation of youth trends demonstrating the increasing rates of youth disorder, including out-of-wedlock births, youth homicide, suicide, arrest, and levels of drug and alcohol abuse. Wynne also presented data showing the increase in both personal income and social welfare expenses. Regarding these trends, Wynne told the Committee that:

> It would be simplistic to contend that there has been a direct relationship between these rising rates of funding and personal income and youth disorder. But it also might be simplistic to contend that more funding is a significant solution-since rates of disorder kept rising over the years during which incomes and funding continuously increased.

If this social problem is due only to economic or racial inequities, then solutions might have been found in broad federal assistance programs that deal with potential teenage mothers. That has not happened. If, as we believe, the problems are of a social and cultural nature, then their solutions must involve policies and programs that are more closely attuned to that institution closest to the individual: the family.

Adolescent Behavior Patterns: What Do They Tell Us?

Before considering some of the public policy and program options for the adolescent pregnancy issue, it is important to review what we have learned about the attitudes, values and behavior of adolescents and pre-adolescents. Are there fundamental developmental, emotional, and attitudinal characteristics of the young that give us an indication of the kinds of programs that might be effective? Are the attitudes displayed by adolescents regarding contraception such that it is a less effective means of reducing out-of-wedlock pregnancies? What has been the impact on young people of the breakdown of society's consensus on moral values? Finally, what are the implications of the Committee's findings on the public policy choices facing the Congress?

The Committee learned that teenagers practice contraception erratically. Wendy Baldwin, citing Zelnik and Kantner, demographers of teenage sexual behavior, stated that:

> Although contraception clearly reduces the risk of pregnancy, only 27 percent of the teenagers were regular users and 42 percent were irregular users.

Moreover, Jones pointed out that Zelnik and Kantner could find no explanation for the rise in the pregnancy rates despite the increased use of contraception by sexually active teens. They found more and more of these teenagers are having sex more and more often and that:

> . . . these same young women reported a dramatic increase in overall contraceptive use, in use of the most effective methods, and in more regular use of all methods—changes which should have led to a decrease in premarital pregnancy.

Eunice Kennedy Shriver, Vice-President of the Joseph P. Kennedy, Jr. Foundation commented that:

> Conferring adult status on children 13, 14 and 15 years old by substituting professional intervention for family involvement has been a failure. . . . For years, family-planning agencies have secretly handed out contraceptives, and the rate of adolescent pregnancy has not significantly declined.

Shriver also argued for the concept of notification of parents by federally funded family planning agencies when they prescribe contraceptives for their children. She told the Committee:

> . . . young women engage in sex not out of grand passion but because of emotional problems, school problems, peer pressure and trouble at home. What they need most is the support and encouragement of their families, churches, community institutions—not official sanction to keep their problems hidden from their families. . . . I reject the old idea that pregnancy can be treated only by private decisions for contraception, sterilization, or abortion. I urge them (family planning agencies) to try developing new approaches to prevention of adolescent pregnancy based not on secrecy but on trust . . . let us concentrate on positive family values and build on them instead of alienating the family from the most difficult of life's decisions and trying to solve problems with a pill.

Prevention Programs: What Will Work?

Maurice Weir, Director of the Cities-in-Schools Program in Washington, D.C., highlighted the importance of involving adolescent males and families in effective prevention strategies. According to Weir, the family is the "core institution" of society for "developing human beings." He argued that too often government policy makers and private orgnizations, however well intended, have sought to intervene in family-related crises, and have "inadvertently and gradually stripped the family of its basic function and role."

Weir stressed the importance of the family for a successful prevention program:

> I think what we have seen that works is when another caring supportive human being, not only through an attitude and personality, but by way of his or her own example, can impact on that life in a one-on-one relationship. . . . we have an obligation to address all the members (of families) who have a responsible concern with the individual we are dealing with. . . . The same holds true . . . with the male . . . (we should) seek him out as an important factor . . . in the development of the young lady's situation and that child that he has helped bring into the world.

Marie Mitchell, Program Supervisor of Teen Services, Grady Memorial Hospital, described the important characteristics of the Atlanta adolescent pregnancy prevention program: "Postponing Sexual Involvement" at the Miami field hearing.

This program concentrates on the social and peer pressures which lead youth into early sexual behavior. Its major emphasis is on building skills to help young people deal with these pressures. The components of the program are designed to reinforce the value that young people should postpone sexual activity.

Mitchell contrasted the newer program with other sex education programs that teach reproduction and birth control with a more non-judgmental approach.

She pointed out that children under age 16 have a very "diverse cognitive development." Adolescents at these ages are less likely to grasp a decision-making approach to human sexuality because they have difficulty developing abstractions and analysis of future consequences. The younger they are, the more likely they are to ground their attitudes and behavior in family-based, every day experiences, and the greater difficulty they will have making decisions based on future orientation.

Supporting the testimony of those involved in operating programs that include parental involvement, Mitchell told the Committee:

> We felt that if we're attempting to give young people a new mind-set about postponing sexual involvement, we need to share that with the parents. It was our expectation that parents would not only acquire a better understanding of the implications of the sexual pressures young people are experiencing but would also become reinforcement agents for the series.

The cognitive and emotional development of most children and adolescents contains built-in limitations in terms of education courses designed to mold or change their behavior.

Further, Minnesota Governor Albert Quie testified that:

> Adolescent pregnancy has been called the problem that won't go away. Efforts in recent years—many of them supported by federal funding—have failed to reduce teen sexual activity and pregnancies of unmarried young people. I refer particularly to so called "value neutral" sex education programs and to clinical programs which prefer to hand out contraceptives rather than promote restraint.

Conclusions

Based on the evidence and testimony we find current programs frequently lacking in essential ingredients. It is not enough to provide eligible recipients with financial support alone. Eligible recipients also need support from caring adults who can assist them in dealing with the stresses every baby imposes on mothers—and particularly on single-mothers. "Parent-aides," home health visitors, respite care offered in family support centers, and other one-on-one role modeling is also needed. This type of needed assistance could begin with the coordination of existing human service delivery systems (health, education, and social services), and be effectively managed and coordinated with volunteer efforts. The missing ingredients in current programs could be accomplished with very limited federal incentives and support.

Solutions to the problem must be grounded in the reality of adolescent behavior, rather than futile and counter-productive attempts to make them behave like adults. There is abundant evidence to show that children and adolescents really are different from adults. However, in today's society there are strong trends that threaten to diminish the important developmental period of childhood. David Elkind, psychologist and author of *The Hurried Child,* testified on the importance of adults in maintaining protective boundaries of childhood for children:

> The concept of childhood, so vital to the traditional American way of life, is threatened with extinction in the society we have created. Today's child has become the unwilling, unintended victim of overwhelming stress—stress born of rapid, bewildering social change and constantly rising expectation. (*The Hurried Child*)

Our conclusion regarding present public policy on teenage pregnancy is well stated in the report of a study under the direction of Francis A. J. Ianni, Professor at Columbia University Teachers College. The study, titled *Home, School and Community in Adolescent Education,* involved 300 teenagers from rural, inner-city and suburban settings. Ianni found that although adolescents turn to peers for support and their attitudes are shaped by the popular youth culture, adults are overwhelmingly important in teenagers' lives. Adolescents reflect the attitudes of their parents more often than they do that of their peers. We find, as did Ianni's study, that teenagers are seeking consistent rules from their families, schools and communities. In fact, they are desperately seeking those rules.

The problem of teenage pregnancy will not be resolved with an "either-or" approach. Family planning is not enough. Parents must be involved to provide the values and guidance that govern their children's behavior. Parents teach respect for others, create a sense of self-worth, and help their children set goals. These are essential if young people are to refrain from premature adult behaviors until they are adults and are economically and emotionally capable of assuming the responsibilities of parenthood. Programs should reinforce appropriate adolescent behavior, rather than passively accept teenagers behaving like adults without being able to accept adult responsibilities.

Society's long term interest in its children and families may be better served by ensuring that all children are given the chance to understand the consequences of early sexual activity and parenthood. Parent education programs can play a positive role in the lives of young people who, for whatever reason, are not receiving strong reinforcement in a family setting. They can be of great value to young people who are not yet fully mature as adults but are, nevertheless, parents.

Congressman Marriott has initiated the concept of teaching "responsible parenting," as a task that will now have to be shared by the family, religious institutions, community, and schools. As a result of compulsory education laws, schools are largely the only social institutions to come into contact with every child. Schools could provide parent/community-developed programs in an effort to assist in providing this essential guidance for our youth.

Prevention strategies for adolescent pregnancy, in order to be successful, must be grounded in human nature, and reflect respect for the individual while underscoring the central role played by the family.

CHILDREN AND YOUTH IN CRISIS: THE IMPORTANCE OF PARENTS

Throughout our work, the Committee has learned of the many children and youth in crisis. We have also heard how important parents are for these and all other children. We believe this importance must be recognized, not only in this report, but in any program that is to meet the needs of children and families. Among the most distressing statistics we found: 500,000 children are in foster care; thousands of children run away each year; 476,000 children and youth are institutionalized or held in adult lock-ups even though many of them have committed no crime, and; most distressing of all, 6,000 young people find no alternative but to end their own lives.

Federal programs are in place that can serve as models for assisting states, local communities, and parents in working with these childen and youth in crisis. These model programs recognize the importance of parents for children, and provide financial encouragement for states to more readily address these needs.

PL 96-272, the Adoption Assistance and Child Welfare Reform Act of 1980, is succesfully focusing states' attention on the plight of children in foster care. According to Greg Coler:

> It is well proven that when you pass laws that provide fiscal incentives to do certain things, that you get that kind of behavior. The Adoption and Foster Care Reform Act of 1980 is one of the best examples of you, the Congress, setting up incentives for states to manage it in a different way.

Coler's testimony was corroborated by testimony from the Youth Law Center in San Francisco:

> On the basis of our interviews we conclude that the passage of the federal and state laws has resulted in improvement in the foster care system.

PL 96-272's reporting requirements have provided another benefit—we are now receiving reliable statistics on the number of children who are in foster care and the children with special needs who are eligible for adoption. The same improvements should be made in collecting data about other children who are eligible for adoption, those who have been adopted, and families who are waiting to adopt children.

The success of federal incentives for states has also been shown by the progress in treating juvenile and status offenders. By 1983, 42 states were in compliance with the Juvenile Justice and Delinquency Prevention Act's (JJDPA) requirements to de-institutionalize status offenders. Thirty-four states had complied with the Act's requirements for separating youths from adults in lock-ups. It is unlikely that these efforts would have been carried out without the financial incentives that are such an important part of the Act.

Title III of JJDPA, the Runaway and Homeless Youth Program, was designed to provide support to shelters for runaway and homeless youth in each state. The program does not provide full funding for the shelters, but rather provides seed money. Speaking about Title III funds, Deborah Shore, Executive Director of Sasha Bruce Youthwork, told the Committee:

> First we were able to get started as a result of federal funds, which I am sure we could not have done otherwise. Also, we can now leverage other funds because of the federal backing.

We find from the testimony and other sources that while progress has been made in the areas of juvenile justice and foster care, work in these areas should continue. In Florida, 770 juveniles, 40 pecent of whom were under 16, were incarcerated in the adult correctional system in 1981-1982. Florida is not alone in the need to continue efforts to handle juveniles in compliance with the Act. A 1983 GAO report, *Improved Federal Efforts Needed To Change Juvenile Detention Practices,* points to progress that has been made in the way states handle juveniles. But the report makes clear that more needs to be done, especially in the following areas: reducing the use of secure detention for juveniles; providing court ordered services for youth, and; separating youths from adults without putting the youths in isolation.

Robert Praksti of the National Council of Juvenile and Family Court Judges told the Committee of the work that still needs to be done to make PL. 96-272 responsive to the needs of all children who are either in foster care or at risk of being placed there:

> The first step in permanency planning is preventing unnecessary placement of children in foster care and ensuring services to reunite natural families who have become separated.
>
> (A further step is to) help judges, legislators, social workers, and lay child advocates work toward changes in law, policy, and practice which will help ensure permanent homes for abused and neglected children.

One particularly vulnerable group of childen in crisis are those who are sexually exploited by parents, caretakers, or strangers (see also Child Abuse, Neglect, and Sexual Maltreatment of Children). It is especially disturbing that pornography is often used as part of this exploitation. According to Detective William Dworin:

> Pornographic materials depicting children involved in sexual activities is frequently used to stimulate children, to convince them the behavior is normal, and to lower their inhibitions. The suspect tells them the sexual activity is normal and the photographs are used as supportive evidence.

Thus, exploitation is doubly harmful. It harms the child who is originally exploited to produce the pornography, and then it harms the child who becomes the victim of the notion that the behavior depicted is somehow "acceptable".

This use of pornography raises the question of the effect on viewers, be they children or adults, of media portrayals of pornography and violence. Do these portrayals give credence to the behavior? Do they give the message that it is an acceptable way to treat others? Answers to these questions may not be easily found. But knowing that children average 20 to 24 hours per week in television viewing time, and recognizing the tremendous increase in the availability of home video equipment, these questions cannot be ignored and should be addressed in some forum.

Another question we cannot ignore is why so many teenagers are ending their own lives. In a following section we discuss what we see as a connection between the break-up of families and teenage suicides, but here it is important to set out the problem as it was presented to us at the hearing on teenagers in crisis:

> —During the 1980's teenagers are experiencing the fastest growing suicide rate of any age group.
>
> —Between 1960 and 1978 suicides among 15–19 year olds doubled for all but Black females.
>
> —The adolescent suicide rate is now three to four times greater for boys than girls, and two times greater for Whites than Blacks.

The Importance of Parents

At its first hearing, the Committee heard of the critical role parents play in the lives of their children and of the difficulty in meeting this responsibility because of the changing structure of American families. Both Drs. Brazelton and Nicholi stressed this important role of parents:

> The close physical contact that Dr. Brazelton spoke about this morning . . . we know that something goes on there, *physically as well as emotionally, that is essential over a long period of time for the emotional health of the child.*
>
> *Yet this physical and emotional accessibility of parents to one another and of parents to children is extremely difficult to attain in our society today* because of several trends, and I would like to just mention one or two. (Emphasis added.)

Dr. Nicholi went on to cite the ever-increasing divorce rate, which subjects an ever-increasing number of children to physically and emotionally absent parents; the increasing number of mothers working outside the home; and the intrusion of television into the American home, often interfering with meaningful interaction between parents and between parents and children. Specifically, Dr. Nicholi told the Committee:

> The divorce rate has risen some 700 percent since the beginning of the century and it continues to soar. My understanding is that there are about 1 million children a year involved in divorce cases; *13 million, or over half of all children under 18 in the United States, have one or both parents missing.* (emphasis added)

It is important to note that Dr. Nicholi made clear that he was referring "not only to the disadvantaged, the divorced homes where the father is missing and the mother works; but (I refer) to even the most affluent homes."

Dr. William Wilson, Professor of Psychiatry at Duke University, told the Committee of what can happen to children whose parents divorce:

> And they feel horribly rejected, and this often influences their later life, relationships with other people, and particularly same sex people. They have a fear of the future. They feel deserted and hopeless. Many of them have unrealized expectations and hopes that are dashed, particularly if there are numerous separations before the divorce and leaving finally takes place.

Despite increases in visitation and joint-custody, only a moderate percentage of divorced parents who are not granted custody stay in contact with their children. This is documented in a recent University of Pennsylvania study which showed that only about 18 percent of children from divorced families had frequent or weekly visits with their outside parent. Thirty-three percent had not seen this parent in the last five years.

> It is apparent that divorce (or a permanent separation) not only severs the marital bonds, but often permanently ruptures the parent-child relationships, especially if the child is living apart from the father. (Furstenberg, Frank, Jr., et al, "The Life Course of Children of Divorce: Marital Disruption and Parental Contact", *Am. Soc. Rev.,* vol. 48, October 1983)

Most of these absent parents are fathers, and we know that paternal absence does have an effect on children. Professor Henry Biller of the University of Rhode Island told the Committee:

> . . . There is much evidence that paternally deprived children are more at risk for cognitive and behavioral adjustment difficulties and are more vulnerable to negative developmental influences than are adequately fathered children.
>
> . . . When a child is paternally deprived or clearly father absent, we find that there is not the support system, there

are very few people, in most cases, who are willing to take an interest in the child.

This lack of support stemming from parents' divorce has serious consequences in other areas as well. According to Dr. Nicholi:

> As this divorce rate exploded upward in the sixties and seventies, clinical and laboratory research indicates that it is no coincidence that this trend was followed closely by a parallel increase in juvenile crime and in the tendency of a huge segment of our society to use psychoactive drugs . . . and a vast body of research has shown that the absence of a parent through death, divorce, or a time-demanding job contributes to many forms of emotional disorder, especially the anger, rebelliousness, low self-esteem, poor academic performance, and anti-social behavior that characterizes drug users.

With this in mind, it is not surprising that two witnesses, Dr. Joseph Novello and Alvera Stern, spoke of the particular importance of working with parents in order to deal with their children's drug abuse.

There are many groups who assist all parents in providing role models and companions for children, recreational activities, counselling and support for parents. While these groups are national in scope, their community based programs are a worthy model for ways to meet the needs of children and their parents.

The Committee heard testimony from David Bahlmann, Chair of the National Collaboration for Youth, representing 14 national volunteer youth organizations—an affinity of the National Assembly, with 31 member organizations representing nearly 50 million people across the country. He told the Committee about their important work:

> Millions of young people that we now serve come from homes where fathers are absent . . . (for instance) 95 percent of our (Big Brother-Big Sister) clientele are from what . . . we refer to as the parent-absent concept. . . . whatever the conditions are, there is now a learning situation for our service community that says that they have different needs than what was referred to before as the nuclear family.
>
> The unique one-to-one service capability (of our groups) is not really unique at all because that is really the relationships that special people and friends have with them.

Termination of Parental Rights

We do know that there are some parents who do not want to be involved with their children. The Committee heard that in New Orleans, of the 5,000–8,000 runaways who pass through the city, 50 percent may be "throwaway" children. Linda Irwin, Executive Director of Youth Alternatives, Inc., who sees many of these young people said:

> There is the tension between our commitment to work to reunify the youth with his or her family and the hard

> reality that we sometimes need to recommend that the bond be broken by state intervention.

Ms. Irwin went on to talk about the "it's not bad enough yet approach" where counselors are aware of abuse. But knowing the legal constraints, "There is simply not enough evidence. . ." to seek termination of parental rights.

This "it's not bad enough yet approach" concerns us. The decision to terminate parental rights is a very serious one and one that should not be made hastily. Yet, if the decision is delayed, and the abuse and neglect is prolonged, the child suffers. We recognize the issue of terminating parental rights is complex. However, it should be included in any serious discussion of placing children outside their homes.

Teenage Suicide

The issue of teenage suicide is most troubling for us. We recognize that there are no clear answers to the question of why children commit suicide, but we are particularly concerned about its connection with the break-up of families. Evidence of this relationship was presented in many instances to the Committee. Dr. Nicholi testified that:

> Most children experience an absent parent as rejection and rejection inevitably breeds resentment and hostility. The child may express this outwardly in the form of violence or inwardly in the form of depression, despondency, and self-injury. The suicide rate in 10 to 14 year olds in this country has doubled, and in children 15 to 19 years old it has tripled during the past 20 years. These trends (divorce and separation) have resulted in our society producing a staggering number of angry, depressed, and suicidal children.

Dr. Mary Giffin, Medical Director, North Shore Mental Health Center, corroborated Dr. Nicholi's distressing testimony at the Committee's hearing on teenagers in crisis:

> As we explored the lives of children who killed themselves we were struck by the frequent interruptions between the caretaker-parent and the infant in the first ten months.
>
> Recurrently in our post-mortem reconstructions and from the literature, we noted the breakdown of communication which occurred in families just prior to suicide.

Dr. Giffin's testimony was movingly supported by Elaine DiFaglia, a mother whose son, Scott, had committed suicide two months earlier. She had this advice for other parents:

> Communicate with your kids; talk to them. . . listen to them by watching their moods. Try to hear what they are telling you. Believe me, if there is no talk, no communication, then there are big problems.

Underscoring this need for family support, Judie Smith, Program Director for the Dallas, Texas Suicide and Crisis Center said:

> The recent study that Dr. Kim Smith did shows that there is a very high correlation between divorce rate and adolescent suicide, and between single-parent families and adolescent suicide.

We realize that divorce or parental absence alone do not necessarily mean that a child will grow up to be troubled. There are many single-parents who do a wonderful job of raising and caring for their children, with or without the assistance of the absent parent. We also know that there are many children who have grown up, and are growing up, to be healthy and productive adults, even though their parents are divorced or spent very little time with them. However, because essential support is not always provided when a parent is absent, these children are especially vulnerable to the struggles and strains all families go through. It is this vulnerability that we are ultimately concerned about, and we find it inadequately recognized in the Majority's report.

It is not surprising, nor is it a novel idea, that when parents are involved in their childrens' lives and activities, the children are likely to do better. Professor Michael Lamb told the Committee that when fathers have close relationships with their children, especially the boys, there are positive results. Their children tend to show "higher achievement, motivation, and cognitive competence, better social skills, and better psychological competence."

Peter Negroni, Community School Superintendent, District 12, New York City, said:

> I have found that the more I involve parents in the process and research indicates this throughout the country—the more you involve parents, the better the students get and the better the community becomes, and the parents are very ready to become involved no matter where they are.

It is clear that we are not doing enough to encourage parents' involvement with their children. Dr. Michael Yogman, of Harvard Medcial School and Children's Hospital, told the Committee:

> Employment policies and work schedules probably have the most powerful influence of all on fathers' role with children and youth, and the influence in general is not a supportive one.

We strongly support efforts, be they in schools, businesses, courts, or elsewhere, that encourage parents to be strongly involved in their children's lives. All could follow the words of General John A. Wickham, Jr., Chief of Staff of the United States Army, who told the Committee about improving the lot of military families. Doing that is essential because:

> . . . the Army is people, and people come from families, and the stronger the family structure the better the soldier, the more ready he will be, the more committed and forward looking he will be, rather than looking over his shoulder and being concerned about the problems behind him.

THE CONCERNS OF CHILDREN AND YOUTH

We originally saw the hearing on children's fears of war as one designed primarily to attract media attention. However, testimony contributed by witnesses revealed important findings about the concerns of children and youth:

—Children and youth tend to reflect the political and social concerns of their parents—concerns that change with the times.

—Generally adolescents under the age of 16 have only a limited ability to form abstractions on political and social questions; genuine political awareness does not usually develop until late adolescence.

—The primary concerns of children and youth are rooted in their family life; the primary cause of emotional disturbance in children is physical and emotional separation from their parents or caretakers.

—Many adolescents today are experiencing serious psychological loss due to fragmentation of their families. These youngsters are particularly vulnerable when confronted with curricula on nuclear war in which there appears to be no solution to a horrendous problem

Children and Youth Reflect Concerns of Their Parents; Parents Reflect the Times

David Elkind, Chairman, Elliott Pearson Department of Child Study, Tufts University, testified that the disturbances children and youth experience today have more to do with their families especially their parents:

> When issues like nuclear war worry and threaten children, is when these issues worry and threaten their parents. If parents talk about the threat of war, of the damage that will be done, of their doubts that anything can be done to prevent it, then children become apprehensive. But this apprehension and dread of war is reflective, it is not something that origniated with the child. *When children experience the threat of war, they are, first and foremost, reflecting the fears of their parents.* (Emphasis added.)

Elkind's testimony is corroborated by the fact that the father of one of the children who testified before the Committee had recently resigned from his civil defense job in protest against nuclear war.

Joseph Adelson, Professor of Psychology, University of Michigan, also spoke to this issue:

> Among the youngsters I come into contact with I do not observe a marked degree of preoccupation with nuclear warfare. *This is not to say they would not talk about it if the issue were raised, only that it does not intrude—as a deeply felt anxiety would—into general discourse.* (Emphasis added.)

In regard to what scholarly literature tells us about children's fears of war Professor Adelson continued:

> Among a group of twelve recent texts on child and adolescent psychology and psychiatry, one does not find a single instance where the fear of nuclear war is mentioned as a problem in the minds of youngsters. When we look more closely at what is reported about the fears of children, one finds that fears of war in general are of minor importance compared to other fears that children have.

The fear of war is not an important factor in the mental health of adolescents for the very fundamental reason that most of them do not develop the ability to form abstractions on political and social issues until sometime in late adolescense. Adelson reviewed the extensive research conducted on this subject:

> Over the years, we have interviewed rather intensively about 1000 youngsters, from the ages of 10 though 18 in three different countries. We find that it takes a long time for the typical youngster to acquire a recognizably adult capacity to think about political and social issues . . . younger adolescents are unable to manage questions dealing with abstract political principles. They tend to give sentimental answers, based on who seems 'nice' or 'friendly'. Until they reach late adolescence, and even then, not uncommonly, they find it difficult to weigh the relative merits of two or more difficult courses of action; they cannot think in terms of multiple influences on a single event; their historical sense is quite limited; and they cannot look past the immediate future in assessing the consequences of a political decision.

Concerns of Children and Youth Are Rooted in the Family

Robert Hogan, Chairman, Department of Psychology, University of Tulsa, finds "three major lines of research to support the conclusion that there is no important or direct connection between warfare and childhood mental illness." On the contrary, Hogan asserts:

> The primary cause of emotional disturbance in children is separation (physical and emotional) from their caretakers . . . Children can endure almost anything if they are in proximity to and secure in their relationships with their parents or caretakers. Consequently, any conclusion regarding children's fears of war must be placed in the context of children's fears of being separated from their parents.

Increasing numbers of young people are experiencing a sense of loss. David Elkind describes the situation as follows:

> . . . today's teenagers are problably less optimistic than those in the past. This is because they have experienced so much loss at first hand. Almost half of the teenagers in this country have experienced the effects of divorce and separation. Many have friends who have died because of accidents, substance abuse and suicide.

Dr. Harold Voth, Chief of Staff, VA Medical Center, Topeka Kansas, and staff psychiatrist of the Menninger Clinic, provided a clear assessment of the effects school curricula can have on childen:

> The worst possible mental state for the child is one of despair and hopelessness. When children are burdened by these feelings, they do not learn well, nor do they traverse developmental and social challenges nearly as well as if they were cheerful and optimistic. Because the home life of millions of this nation's youth is fragmented or in some instances hardly existent at all, I am certain many children are troubled by these heavy feelings. A good school experience can do much to counteract these negative mental states.

Commenting on the curricula designed to address the nuclear issue, Voth states:

> The implicit and nearly explicit challenge which is given to the children as they engage this material is for them to respond with solutions. It is human nature to attempt to arrive at solutions when presented with problems. The end point is a blind alley for there are no solutions for the young to find.

Dr. Voth perhaps most eloquently expressed the Minority's findings on this subject when he said:

> We should provide good family life, teach our children all we possibly can as they grow up, so they can eventually master the challenge of life. They must learn the basics first and then the more difficult fields later, after having achieved the maturity to comprehend them. Then as adults they will possess sufficient courage and knowledge of the human condition to enter into negotiations with other nations—not from a position of passivity, despair, fear and trembling, but from a position of courage, reason, strength, competence and hope for the future.

Congressman Marriott expressed the reasons for children's fears of war most succinctly when he did:

> From the 200 kids I talked to, if I said to them, "What are your five major concerns?" they never mention nuclear war. If I said, "Are you concerned about nuclear war?" every one of them said yes, because that is all they have been hearing about for the past two years. . . . We can make the kids positive, give them something to look forward to, or we can scare the heck out of them.

The hearing was opened with a statement that it was non-partisan and that Members would be looking at "hard evidence". However, well respected and knowledgeable psychologists disagreed with this assessment of the evidence.

Dr. Edward Zigler, Sterling Professor of Psychology and Director of the Bush Center in Child Development and Social Policy at Yale University, stated in a letter to the Chairman and the Ranking Minority Member "the knowledge base in this area is much too thin to illuminate much of anything" and described the hearing as a "misguided effort."

Professor Hogan, also took issue with the so-called non-partisan nature of the hearing:

> One of the more discouraging trends in American social science is the politicization of social knowledge, the use of social science research for partisan political purposes. With regard to the psychological effects of war on children, there are certain to be arm chair or literary social scientists (psychiatrists, psychologists, etc.) who will provide opinion, based on their clinical experience, their interviews with "victims", etc. that will support or refute selected aspects of the Administration's foreign policy, defense policy, or domestic budget. But the plain facts are that *there are no empirical data, drawn from responsible research, that strongly or directly link warfare and mental illness in children.* (Emphasis added.)

ABUSE, NEGLECT, AND SEXUAL MALTREATMENT OF CHILDREN

Clearly, the problem of child abuse, neglect and sexual maltreatment has become a national concern. However, it cannot be assumed, as suggested in the Majority's report, that the economic stress of unemployment is the only reason for increasing reports of abuse and neglect. As Dr. Richard Krugman, Director, C. Henry Kempe National Center for the Prevention and Treatment of Child Abuse and Neglect, made clear to the Committee:

> We must recognize, however, that unemployment does not cause child abuse . . . but let no one conclude that if there were no unemployment there would be no child abuse.

Dysfunction in family interaction has been shown as the basic cause of child abuse, neglect and sexual maltreatment for more than three decades. However, public awareness of the problem was not significant until passage of the Child Abuse Prevention and Treatment Act in 1974. Until that time there was little recognition that parents and other caretakers intentionally inflicted injuries upon children, there were no state reporting systems, and few mechanisms to deal effectively with the problem.

National data on the number of abused, neglected and sexually maltreated children were first available in 1977. In that year, the American Humane Society's Children's Division reported 516,142 children as being abused or neglected. By 1982, reports had increased to 929,310—an 80 percent increase. Examination of the raw data show that annual increases ranged from 98,149 between 1977 and 1978, to 62,136 between 1980 and 1981. Over a five year period reports were increasing along with the public's growing awareness of the problem, a more responsive child protection service system, and a loss of the fear of becoming involved with intervention programs.

It is important to note that we can likewise anticipate increasing reports of sexual abuse. Dr. Michael Cupoli, Director of Section on

Child Abuse of the Department of Pediatrics of the University of South Florida, told the Committee:

> We think almost as many children who are physically abused are sexually abused. (In) one good study of that, 70 to 80 percent of prostitutes have been sexually abused by somebody caring for them, and 70 percent of them said that was a major reason for them going into prostitution . . . Our knowledge (of sexual abuse) in the 1980's is about where our knowledge of child abuse was in the 1950's. We are scared to admit the fact that it (sexual abuse) is probably at the same level.

That deficiencies in reporting still exist is exemplified by testimony from Mrs. Janet R. McAliley, representing the Dade County School Board. She told the Committee that in response to legislation passed by the Florida legislature in 1982, a task force on child abuse was formed in her district to analyze the problem, identify and evaluate existing resources for prevention and treatment, to develop a continuum of services, and to prioritize prevention needs and suggested services.

One problem identified in their district (Dade County, Florida) included the under-reporting of abuse. She told the Committee:

> According to 1980–81 data, published by the Children, Youth and Families Program, District XI is ranked first in population at risk and last of the eleven districts in reports . . . The state wide referral rate was 28.4 percent; in District XI, it was 15.7 percent. In 1982, the state rate was 30.6; District XI was 16.3.

Mrs. McAliley continued with their group's analysis of the under-reporting problem and outlined their successful response to deal with the problem:

> It was determined that the school system needed to do a better job of training employees to identify and report child abuse properly. Florida statute mandates reporting of child abuse by all school board employees.

With assistance from the school superintendent, the Governor, State Attorney, and the child protection team, her group produced a 37 minute television program that became required viewing for all Dade County school personnel. Written materials were also provided and the results were positive.

> Since these effort began, reporting from schools has increased to 12 percent in Dade County, while the state wide average has remained at 5 percent.

We have no argument with the fact that economic stress is one cause of child abuse. Throughout the Majority's report the problem is over-simplified, leaving the reader with the notion that unemployment is responsible for abuse, neglect, and sexual maltreatment of children.

The ultimate costs to society are still largely unrecognized. The public costs include: (a) increased costs for children so seriously abused that they require life-long care in institutions; (b) increased costs for juvenile detention and correctional facilities; (c) increased costs for law enforcement agencies to respond to domestic violence; (d) increased costs for both civil and criminal judicial systems; (e) increased costs for prison facilities—for instance, the Committee heard, "In 1982, Florida recognized that 80 to 90 percent of our prison population were abused as children", (f) for education systems to provide special education for the handicapped—testimony to the Committee indicated that, " . . . 25 to 50 percent of those children were abused"; and; (g) increased cost for both health and social service systems. The greatest loss is to society itself. We will never be able to estimate the cost of lost human potential, which in the final analysis, is our nation's primary guarantee of self-government and freedom.

One of the most tragic results of child abuse is found in the testimony of Dr. Eva Deykin at the teenagers in crisis hearing:

> A study of 159 adolescents 13 to 17 years old who had attempted suicide, and a matched comparison group revealed that suicidal adolescents are four times more likely as the comparison subjects to have been known to the Department of Social Services during their childhood because of reported child abuse and/or neglect.

Current federal investments in a direct frontal attack on child abuse, neglect and sexual maltreatment are less than $17 million. Local and state governments invest many times this amount, and each year we see state governments providing new and creative resources to engage in primary prevention. These resources are adaptable to the state's individual needs and conditions, and involve the establishment of children's trust funds to assist community based and community initiated primary prevention programs. Resources for these children's trust funds include surcharges on marriage licenses, birth certificates, and divorce filing fees, and a voluntary "check off" for contributions as a part of State income tax returns. Since 1980 fifteen states have taken the initiative in the development of these needed resources even though there have been no direct federal incentives to encourage them.

Characteristically, primary prevention involves establishing local community programs that teach appropriate parenting skills to first-time and at-risk parents. These programs are often carried out by the medical community during the pre-natal period and immediately after delivery. Follow-up services are provided to those families identified as high risk for abuse and/or neglect.

Teenage mothers and their children are at significant risk for abuse and neglect. Testimony to the Committee revealed how this idea of responsible parenting education can be successful.

Other community based initiatives assist schools in developing programs for students, especially pregnant teenagers or soon-to-be parents, that stress the consequences of premature parenthood and help in understanding the needs of infants and young children.

> What works in education? The education of child care works. You were very concerned about teenage pregnancy. The rate of teenage pregnancy went down 350 percent in Orlando (Florida) simply by teaching the children medical

> problems. It wasn't sex education. Many people are scared of that. If we just taught 18-year-olds what two-year-olds were like, we would probably have a lot less pregnant 18-year-olds.

Non-profit groups have, with the help of local and state governments and resources, initiated primary prevention programs that teach children how to distinguish between appropriate and inappropriate "touching". One idea building on this need to help children understand the difference was presented to the Committee at the Miami field hearing:

> The Parent Resource Center is planning a campaign to publicize a number for children to call if they need help because of abuse or neglect . . . A Miami Dolphin has agreed to film public service announcements directed to children and advertising the special number to call . . . (We) are presently exploring ways to distribute the telephone number . . . The idea will probably be something like baseball cards . . .

With minor investments of federal funds, Parents Anonymous, a national non-profit organization, helps local communities develop chapters where parents who have (or feel they might) abused their children join together in peer counseling to prevent the recurrence of the problem or prevent the problem from happening altogether. Their programs cost about $75 per family. Comparing this to the costs of medical diagnosis alone, which in metropolitan hospitals can amount to as much as $513, demonstrates the cost-effectiveness of primary prevention programs. If intensive care facilities are required, the cost is tremendous. A bed in the Infant Intensive Care Unit at Children's Hospital in Washington, D.C. averages $960 per day.

We can conclude that some progress is being made, but resources are still inadequate. What has been accomplished since 1974 is largely due to federal initiatives. Federal intervention at the beginning of the last decade has provided for research and demonstration grants, advanced our knowledge of incidence, causes and effective treatment, and most importantly stimulated state legislative bodies to respond with resources for local programs and services.

We do not conclude that federal participation is no longer required. And as reporting has increased we must step up our efforts to assist states and communities in meeting the need for services. The need for continued federal assistance is best put by Ellen Hoffenberg, Program Director for the Florida Guardian Ad-Litem program which coordinates the efforts of attorneys and over 1500 volunteers to represent the victims of abuse and neglect in legal proceedings and deal with the labyrinth of health and social service systems:

> The awareness of Americans has consistently been raised about identifying and reporting child abuse and neglect since you passed the Child Abuse and Treatment Act . . . We must effectively intervene now to provide quality support, guidance, and treatment for the multitude

> of children that we will be asked to help. There is no more deserving population.

Ms. Hoffenberg continued:

> If we fail, our law enforcement, social service agencies and courts will continue to expend energy and moneys attempting to afford temporary housing for the victims of today who inevitably will become the child abusers, sexual offenders and criminal offenders of tomorrow. There are thousands of caring professionals and volunteers waiting for the day when we can succeed in preventing and treating child abuse. Our children are waiting.

CHILD CARE AND SUPPORT FOR WORKING FAMILIES

The need for quality child care and support for working families has been well documented by the Committee during its first year. However, the report's discussion of child care needs for families fails to distinguish between the needs of low-income, often unskilled, parents whose incomes cannot stretch to cover child care costs and the needs of parents of moderate means who should be expected to pay those costs without any public subsidy beyond possibly tax relief.

Nor does the report make any mention of those families who forego additonal income to provide personal, in-home care for their children and dependents; families who could be considered equally deserving and in need of support. As Representatives Bliley, Coats, Wolf and Vucanovich noted in their additional views to the December 1983 Committee Report on Demographic and Social Trends:

> . . . we are pointing out that we believe injustice is done to both children and parents when we offer assistance to parents only when they choose to place their children in professional care.

There is no doubt that the most significant factor determining the need for child care is the increase in single parent families. We concur with the report that the most important trend affecting the increase in demand for child care services is not population growth, but the anticipated increase in the proportion of children living with only one parent. The report also states that "The number of low-income children is expected to increase, due largely to the growing number of single-parent households which typically suffer from a greater incidence of poverty. This change in family composition and its spiraling increase in the need for child care cannot be politically relegated to any Administration. Among the Committee's other findings on the increasing need for child care:

—Single parent households will continue to increase, although more slowly than the increases in the 1970's.

—Three million more children under age 10 are projected to be living in single-parent families in 1990 than in 1980, and about half of this increase will be by children under age six.

—The number of children living with two parents, only one of whom is in the labor force, could actually decline by nearly one million.

The Committee's work in the area of child care is far from complete. The findings to date pose important questions still to be answered: to what extent will the dramatic drop in inflation curb the number of women entering the workforce, and thus the growing need for child care? And as Congressman Marriott noted in his additional views to the December 1983 Committee Report on Demographic and Social trends:

> The statistics presented here are projections based on 1970 data regarding single parent families and women in the workplace. The 1970's encompassed a time of dramatic economic and social changes, and it is this decade from which the data for this report are taken. Most notable of these changes were the women's movement and the harshest increase in inflation in the recent history of our nation (established values surrounding the family were challenged.) Many of our nation's families moved from depressed industrial areas to seek employment in other industries and left behind extended family supports. Technological progress changed skill requirements and decreased the previous availability of labor intensive employment.

Another question still unanswered is noted in the additional views of Representatives Bliley, Coats, Wolf and Vucanovich. That is, how does day care affect our children?

> . . . before proceeding with the question of child care funding, we would like to address the Committee with what we believe is a prior question, and that is, How does day care affect our children? . . . we do not intend to say that the government assistance for child care ought to be excluded. Clearly, it cannot be excluded because, although it is not a perfect solution to our problems, it does offer a necessary measure of relief to many persons in great need. Quite simply, we are expressing our inability to be sanguine about a solution for the children of others which we would not want to choose for our own children.

Dr. Mary Giffin provided a distressing answer in her testimony to the Committee at our hearing on teenagers in crisis. Based on her seven years of research into finding a solution for the "suicide epidemic" which has spread among teens in the last decade, she told the Committee:

> As we explored the lives of the children who killed themselves, we were struck by the frequent interruptions between the caretaker parent and the infant in the first ten months. Recurrently, both from our post-suicidal reconstructions and from the popular and professional literature, we read and heard the details of interruptions and unpredictabilities between the infant and his nurturing adult, with and from whom he must develop a basic sense of trust and acceptance.

While the report implies large increases in federal expenditures for day care, we need to recognize that such programs and expenditures often provide incentives that diminish a family's responsibility; do not readily recognize the need for choice; and do not call upon the role of private industry to assist employees in meeting their children's needs.

The largest single federal source of support for child care is indirectly funded under the Internal Revenue Code by the Dependent Care Tax Credit. These individual credits were expanded under the Economic Recovery Tax Act of 1981. Also, employers may deduct child care contributions as business expenses.

In light of current budgetary constraints we must target available resources to those most in need, and continue to encourage employer participation, and employment changes that might lessen dependence on non-family care. This need to support options for working mothers is evident in the testimony presented by Diana Pearce, Director for Research, Center for National Policy Review, Catholic University:

> I don't think there is a single answer. I would like to emphasize that children are different and mothers are different. We must provide choices and I think we must incorporate in those choices a greater value on the part of their own mothers and on the part of day care. At this point we don't. We are providing less support for that, and implicitly less value attached to the job of taking care of and raising children.

Corroborating Ms. Pearce's testimony on the need for options is the testimony of Michael Lamb, author, and Professor of Psychology, Psychiatry and Pediatrics at the University of Utah:

> . . . children do best when parents are able to divide child care responsibilities in accordance with their preferences, and socio-economic circumstances, rather than conformity with societal dictates which allow them no choice. In other words families need options, not mandates.

In additional views Representative Marriott noted that Professor Edward Zigler, in his book, *Day Care: Scientific and Social Policy Issues* writes, ". . . private industry holds the greatest potential for child care improvement." Again, in light of our current budgetary constraints, we must encourage the potential for private industry support.

Jane Snecinski of Baptist Memorial Hospital told the Committee about the hospital's employer-based child care program that has been in operation since April 1964. The services provided by this center include not only developmental child care and baby sitting services, but Saturday recreational programs including dancing lessons! Ms. Snecinski testified that the center helps with both recruitment and retention of needed personnel. Acknowledging that hospital-based child care pioneered the field because of the large number of women employed, and that financial considerations are not without concern such that pressures are great to put the child care benefit on a break even or at least financially stable basis, Ms. Snecinski posed this question:

> In employee and hospital-based child care, it becomes an interesting question of actually who is the consumer and who is the program benefitting? Is it the child whose needs

> are being met, is it the parents who are paying partially or wholly for the service, or is it the employer, in my case, the hospital whose needs are being met?

A recent Harris Poll Survey indicated that 67 percent of the corporate human-resources executives polled expected child care at the work place to become a company benefit within the next five years. (Taxation for Accountants, March 1983) The Senate has already adopted a plan for on-site child care, the Department of Health and Human Services has had such a program in operation for a number of years, and the House of Representatives has legislation for this purpose pending.

One must remember that on-site care is only one option. Suzanne Clow, Associate Director, Child Care Program, Phoenix Institute, Salt Lake City, told the Committee:

> My greatest challenge working with employers and parents is to dispell the myth that on-site child care is the only way to sponsor child care, when, in fact, there are many other creative options (for businesses) that are cost effective.

Another option that has not been investigated by the Committee is the use of "cafeteria" benefit selection for employees. These plans allow employees to choose from a variety of fringe benefits, one of which is payment or partial payment of child care costs. When a voucher system is used for this purpose it leaves decision making regarding the type of child care in the hands of the parents, and relieves businesses who might otherwise have difficulties in providing on-site care.

Isabel Sawhill emphasized the need for options that provide children with more parental time and attention:

> One barrier that may be particularly important is a lack of part-time and flexible employment opportunities. . . . (which) would permit those parents who are now working full-time to devote more time to their children. As a society, we have not yet resolved the problem of who takes care of children when fewer than half have a non-working parent at home. . . . In his recently published book, *How We Live*, (Harvard University Press), 1983, Victor Fuchs argues convincingly that *what children need most is more parental time and attention*. (Emphasis added.)

While the federal government has pursued flexible work hours, it might also increase availability of part-time work and job sharing. As indicated in the Committee's December 1983 report:

> . . . Some parents of children in elementary school might choose to work about three-fourths of full time if given the option to do so, in order to be home to care for their children during the after-school hours.

The problem of children being left unsupervised before and after school has also been indentified by the Committee. The "latch-key" problem does not necessarily demand federal intervention into the unique circumstances of each family, state, and local community. Some progress is being made in uniting the efforts of school systems and other agencies to help latch-key children. Ms. McAliley told the Committee:

> Dade County public schools in cooperation with YMCA, YWCA, the United Way and others houses 117 after school care programs and is making efforts to establish others.

Business and industry policies allowing the use of sick leave to care for a sick child offer another needed support. Under such a policy parents can reserve their sick leave time for this purpose. This gives parents not only an option to care for children who are ill, but leaves them the opportunity to use annual leave for families to play and stay together.

Families must continue to be very much involved in child rearing and be supported in that role. Business and industry must recognize the changing nature of the work force and the need to help provide day care for the children of their employees. Also, State and local governments, schools, and private groups must support initiatives that best meet the unique needs of each community.

TAXES AND THE FAMILY

Because we are concerned about all of America's families, we believe it is important to look at the condition of families who have been able to support themselves and are paying taxes. While the Committee did begin to look at education, medical, and housing costs for families, we remain especially concerned with how federal tax policies affect families because we believe these taxes are one of the federal government's most significant policy tools.

In a dialogue with Committee Members at our first hearing Bruce Chapman warned:

> But I will tell you that there is something on the other side of the picture that you need to look at, . . . not only how do we provide for women raising children alone, and particularly how do we provide them with the wherewithal to move out of the poverty situation—by the way, many, many do . . . but *how do we keep families intact in the first place?*

Commenting on the decline in the value of the dependent deduction Chapman continued:

> . . . if you want to ask where is the population that is on the brink, where various economic stresses might propel them into a family breakup that might not otherwise happen, it is that lower middle-class group for whom the tax structure does not provide as much as it did a generation earlier in terms of real help in raising children. . . . While we have programs of support for people in the poverty category with children, the cost of raising children, which I mentioned has gone up steeply in the past number of years, really impacts on everybody above the poverty line. There we do not seem to pay much attention.

Families with children are paying an increasing tax bill in relation to what they would have paid had the personal exemption for dependents kept pace with rising incomes and inflation. The dependent exemption was $600 in 1948, and is now $1,000. Had the exemption kept pace with inflation and income rates, it would have equalled $4,600 in 1981, and increased to about $5,600 in 1984. As Eugene Steurele, Assistant Director of Revenue Estimating, U.S. Department of the Treasury, has written: "By any measure, the decline in the personal exemption has been the largest single change in the income tax in the post-war period."

The Social Security tax also acts dramatically to decrease a family's income. In 1948, a family would have paid a one percent Social Security tax on the husband's earnings. Today they pay 6.7 percent, with scheduled increases to 7 percent in 1985 on a greater portion of income. Young families today are years away from seeing any benefits, and in no case will their contributions yield the payoff of contributions made by families in 1948.

Other major tax changes have worked against families. From 1948 to 1969 income splitting was a substantial benefit for one-earner couples. Some considered this a "singles' penalty". So, Congress enacted a new tax schedule, effective in 1969, which limited the tax of single taxpayers to 120% of that for a married couple with the same taxable income. The change had its proposed effect—single people were helped.

This brought about talk of a "marriage penalty," which led to the 1982 provision allowing for a partial deduction of the earnings of the spouse with lower earnings. This provided good news for the ever more numerous two earner families, who also are the major beneficiaries of tax credits for day care. Unfortunately, it provided no benefit for those families in which one parent chose to be at home to care for the children.

This is not to say that government assistance for two-earner families is not warranted. It is clear that more and more women enter the work force in part because of inflation, the slow down and decline in real family income, and perhaps also from the declining real value of federal income tax deductions for dependents. Chapman, told the Committee that, "To some extent, the American family has probably avoided an actual deterioration of its economic status by the increased participation of wives in the labor force . . ."

Through the tax code we provide benefits to people to build a greenhouse or mortgage a vacation home. Yet, we provide little benefit for those with children. We do not adequately support a family's investment in a child. Just about the only children whose births we financially encourage and support are those born out-of-wedlock and into welfare. Effectively, the federal government—particularly through neglect of family tax policy—has increased the burden borne by working parents with minor children in order to pay for special benefits and special tax relief for interests whose needs can hardly rank in priority with raising children.

In an effort to assist lower middle-income families, and recognizing limited resources, we might first consider increasing the income limits for the Earned Income Tax. In any event, the Committee should begin to address the implications of our tax policies for all families.

CONCLUSION

Our nation is in the midst of dramatic and far-reaching demographic changes. Any analysis of the current status and future prospects for America's families must look very closely at the reality of those changes and their effects on children and families.

That change with possibly the most significant consequences for children and families is the eruption of single-parent families as the result of divorce, separation, and out-of-wedlock births. On a grand scale, children in these families are not receiving the necessary economic and emotional support. In many instances, they are perhaps the most vulnerable of our nation's citizens.

Intensive government efforts to enforce absent parents' financial responsibilities to their children is an essential first step toward easing the economic burden. We must next look to those policies that will further secure financial independence and self-sufficiency for these families. The emotional supports are equally important. They, too, are parental responsibilities and ideally should be provided by the parents themselves.

The federal government is not capable of replicating the ways to meet these essential family needs. If these needs are to be met outside the family, they are best met by those closest to the family—the extended family of relatives and neighbors. A partnership of community churches, schools, and businesses; private groups and; local and state governments then represent the next levels of extended support. The federal government should only provide assistance as a last resort.

We are long past the day when the federal government had no role to play in the nurturing of children and families. The effect of demographic changes has become too great. But we must not open the door and force our way into the family under the guise of being a revered member of the extended family. Our role is superseded by the responsibilities of parents, the role of others in the extended family, and the community/government partnership. We must all work together with one goal in mind—strengthening families to foster their independence and self-sufficiency.

MINORITY VIEWS—YEARS-END REPORT

SELECT COMMITTEE ON CHILDREN, YOUTH, AND FAMILIES

DAN MARRIOTT.
HAMILTON FISH, Jr.
DAN COATS.
THOMAS J. BLILEY, Jr.
FRANK R. WOLF.
DAN BURTON.
NANCY L. JOHNSON.
BARBARA F. VUCANOVICH.

ADDITIONAL VIEWS OF HON. HAMILTON FISH, JR.

The report of the Committee's first year is a major contribution to the data base available regarding the diverse problems of children, youth, and families. My views are complementary to the minority's "Additional Views" and include specific issues which I believe should be highlighted.

It is time now for the Committee to turn its attention to finding solutions that take into account our changing demography. The solutions should lift unfair taxes from families that have remained intact and have contributed significantly to the support of those families disrupted and broken apart by our changing economy. The solutions must acknowledge our transition from an industrial economy to one of technology and service. Suggestions abound but societal changes are occuring rapidly. Congress should exercise caution as we respond to this transitional time that has impacted most directly on single-parent families, the working poor, the homeless and those who have experienced unanticipated unemployment. Above all, Congress and the nation must come to the realization that family composition has a greater influence on the nation's economic well-being than any other socio-economic or tax policy. (See Minority Views, especially, "Family Composition and Poverty", and "Keeping Families Intact".)

The "Additional Views" of the Minority give ample evidence of the essential role the healthy family provides in transmitting social values, stimulating goals, developing creativity, and helping children achieve academically. Perhaps the most important contribution of strong, healthy families is to teach respect for others, create a sense of value and self-worth, and thereby encourage young people to refrain from premature adult behaviors until they are adult.

It follows that our public policy must promote and foster family stability and consistency and avoid offering disincentives to work and encouraging family disruption. Our public policy should rest on the old Chinese proverb, "If you give me a fish I will eat for a day. If you teach me to fish I will eat for a lifetime."

The evidence and testimony presented at our hearings has been clear and convincing. The insights gained in the first year have contributed substantially to the understanding of the Committee. We have documented numerous problems and have identified many successful programs and projects that are impacting positively.

Public policy that stimulates child-care programs giving parents options rather than mandates, may provide incentive to keeping families intact. As the Minority's "Additional Views" spell out, all families do not have the same needs.

In our quest for public policy, we must not forget the importance of family involvement, and family decision making. According to both recent trends and research, parents prefer to have children cared for in the home of a relative, friend or neighbor—especially for their infants and very young. We need to find ways of facilitating "live-in" arrangements where the care is provided in the child's own home. This suggests increasing the dependency deductions on income tax returns—both state and federal. This option might also be used to stimulate the care of the elderly within the family rather than in more expensive institutional care.

Among the public policy issues that have strong bi-partisan support are proposals to help solve the problem of child care for the rapidly increasing number of women now in or who will soon enter the workforce. It is time for Congress to recognize that there are millions of children in need of supervision. Some require care for part of the day if they are of school age and others all day if they are of pre-school age and the parents work. We must now find adequate ways of helping low-income working parents to secure quality child-care services.

This is neither an impossible task nor is it a problem that requires massive additions to the tax burden already imposed on healthy families. Initiatives designed to bring the public and private child-care resources together in a coordinated way can make significant differences in the utilization of resources already available through business and industry as well as non-profit programs that rely on significant use of volunteers.

Serious consideration should be given to a number of legislative initiatives introduced by Members from both sides of the aisle and in both the House and Senate. Among some of the proposals designed to bring the public and private sectors together in providing child care services are:

> to improve the quality and the quantity of coordinated services through better information and referral services.
>
> to assist in the blending of private and public sector support in caring for school-age children before and after school hours ("latchkey children"). These programs involve the use of school facilities and private and non-private child care service providers.
>
> to increase the funding for Title XX of SSA designed to provide essential care for children of AFDC families.
>
> to provide tax credits for volunteers, assistance to states to plan, improve, expand and coordinate child-care services, and grants to assist in providing child care services for lower income families who reside in public housing.

As the mechanisms for insuring child support payments are enacted and in place, we should see a re-establishment of responsibility. When divorce is the inevitable outcome of an unhappy union, the children involved will not be placed in jeopardy because of inadequate financial resources that frequently confront the custodial parent.

Many of the concepts involved in providing child care are not new. During World War II our nation's manpower was strung across battle fronts on both sides of the Atlantic and the Pacific. Women were required to produce the aircraft, battleships, and tanks needed at that time. Child-care programs were set in place throughout the country to permit women to work in our defense industries. Some were operated seven days a week and our Committee heard testimony about a program currently in operation on a daily basis 365 days a year.

Today that same American initiative can be used productively to accommodate those parents who enter the workforce either out of necessity or choice.

While the solutions may not be easy to achieve, we must recognize the changing nature of our population. We must promote strong, healthy families which, as witness after witness told our Committee, are, ". . . the vital cells that make up the flesh and blood of American society." (Armond Nicholi, Harvard Medical School)

Families are the "vital cells" that build a strong America. In the final analysis, America's human resources are still our best defense of freedom for a self-governing people.

HAMILTON FISH, Jr.,
MC.

ADDITIONAL VIEWS OF HON. DAN COATS, HON. FRANK WOLF, HON. DAN BURTON, HON. THOMAS J. BLILEY, JR., AND HON. BARBARA F. VUCANOVICH

We trust that both the Majority Report and the Minority response to that report will be read with a critical eye. Though we are tempted to reply to the Majority Report point by point, we have neither the time nor the staff resources to do so. Therefore, the Minority has directed its energies to setting forward its own views about the most important issues which came before the Committee in 1983.

However, it still seems important to point out at least in a general way, several serious flaws which run throughout the entire Majority Report and which will not be apparent to those readers who have not attended Committee hearings during the past year.

I—TELLING HALF OF THE STORY

The first of these flaws is a tendency to tell only half the story. Throughout the entire year, Minority Members have experienced considerable difficulty in getting "the other side of the story" told at hearings. At thirteen hearings, the Committee has heard from 144 witnesses. Only 43 of these witnesses were called by the Minority. At the Committee's second hearing (June 30), the Minority was allowed to call no witnesses at all, but was informed that certain representatives of the Administration, chosen by the Majority, would suffice for Minority witnesses.

When Minority witnesses were allowed to testify, their testimony was usually heard late in the day, in half-empty hearing rooms, with only one or two Members present. At only 4 of the 13 hearings did Minority witnesses share the first panel with Majority witnesses. Of the 39 witnesses to appear on the first panels of the year's hearings, 5 were Minority witnesses.

We shouldn't be surprised, then, that Minority witnesses have fared no better in the Year-End Report than they did in the hearings themselves. Minority witnesses are quoted rarely, and when reference is made to them, it is usually in such a manner as to cause the reader to discount the importance of their testimony, or to misunderstand it altogether.

For example, Chapter 8 of the Report covers the topic of Teenage Pregnancy. Most material in that chapter is taken from the July 20th hearing on teen pregnancy, which was called at the insistence of the Minority. Yet no minority witness from that hearing is quoted or even named anywhere in the Chapter. Brief reference is made to the testimony of Walter Williams (p. 34), a Minority witness from a previous hearing and the following account is given of Minority witnesses called for the July 20th hearing:

> Although there is evidence to the contrary, several witnesses expressed the view that the availability of contra-

> ception and sex education contribute to the increase in sexual activity and out-of-wedlock births. (p. 35)

This rather incomplete account of the testimony of "several witnesses" is followed by a supposed rebuttal:

> In fact, according to Baldwin, studies have shown that teens delay seeking contraception until they have been sexually active for six months to a year. (p. 35)

Curiously, this statement is not followed by any reference to Minority testimony which explicitly addresses the conclusions of those very studies. (Statement of Gordon S. Jones)

II—QUOTING OUT OF CONTEXT

Taking this habit of reporting half the truth one step further, the Majority Report has also shown a disturbing tendency to quote witnesses out of context in such a way as to completely distort their meaning. For example, no one reading the Majority account of Children's Fears of War, would ever be able to guess the thrust of Dr. David Elkind's testimony on that subject. The Report quotes Dr. Elkind simply as saying, "the threat of possible war is one more potential loss to the other potential losses they (young people) have to deal with." (p. 28) In fact, Dr. Elkind's testimony was intended to show that young children have very little thought or fear of war. They have far greater fears involving the loss of parents or even pets, which are far more real to them than the abstract concept of the death of large numbers of people. As they grow older, in their mid-teens, the idea of war and its destruction takes on greater meaning, but even then, it is simply "one more potential loss to the other potential losses they have to deal with." A more accurate quote from the Elkind testimony would be taken from his opening paragraph:

> On a scale of one to ten, fears of war and death would rank about number ten for preschoolers, about eight for school age children and about five or six for teenagers. This is true because war and death, particularly the death of large numbers of people, are abstract concepts far beyond the intellectual comprehension of young children especially. For that matter, even adults have trouble fully comprehending nuclear holocaust. For children, more salient fears have to do with their parents, their pets and so on.

It is worth noting that nowhere in the Report's chapter on Children's Fears of War (Chapter 7) does one find a hint that there was not complete agreement on the subject. In fact, this hearing was probably the most controversial of the entire year. It was held over the unanimous objection of the Minority Members and against the wishes of some Majority Members as well. It was the occasion for very strong statements on both sides. Yet the Majority Report makes no attempt to reflect any difference of opinion on the subject.

Another example of the Report taking quotes out of context involves the testimony of Majority witness, Alice Rivlin. In her testimony at our first hearing, Rivlin discussed the effect that the increases in the number of single parent families has had on the increasing number of children in poverty. She then states that, "Rising unemployment rates have been even more important in increasing the number of children in poverty during the past 3 years."

The Majority Report has rendered that same statement: "Rising unemployment rates have been even more important in increasing the number of children in poverty (than increases in the proportion of children in single parent families) . . ." (p. 63) Accepting the Report's interpretation of the statement (that Rivlin meant that rising unemployment rates have been more important than changes in family demographics, rather than that they become more important recently) one still must fault the Report for having omitted the rather key phrase "during the past 3 years." In fact, over a longer period of time, from 1970 to the present, the increase in the proportion of single parent families has certainly been the primary cause of the increased number of children living in poverty. Testimony to this effect was presented during the same April 28th hearing by Bruce Chapman, then Director of the U.S. Bureau of the Census, but the relevant parts of that testimony were not noted by the Report.

III—VAGUENESS

Somewhat related to the tendency to tell only part of the story is another serious flaw in the Report; that is, a general vagueness about facts, figures, and references, when the inclusion of that information would be appropriate and helpful. Two particular examples follow:

> P. 14.—Studies have found that some small-for-gestational-age babies have smaller head sizes.

How many is "some"? 2%? 12%? 22%? It is difficult to judge the importance of the "fact" to federal policy without a little more precision.

> P. 35.—A recent study has also shown that teens who have had sex education are no more likely to become pregnant than teens who have not had sex education.

What "recent study"? Minority witnesses named two Planned Parenthood surveys showing that "teenage rates of sexual activity increase after clinic attendance." (July 20th, p. 6)

Elsewhere the Majority Report lumps together very different groups. This renders statistics which are not very useful simply because they fail to make necessary distinctions. In its discussion of child care, the Majority goes out of its way to emphasize that "families from all geographic areas and economic groups are seeking more diverse and creative kinds of child care" and that "child care is not merely a concern for single parents." (p. 50) So insistent is the Majority to impress upon us the great movement of women into the workforce and the consequent need for more "child care slots" that they neglect to make any statistical distinction between those mothers who work full-time and those who work only part-time (while their children are in school), or indeed, between those families who can afford to pay for child care, and those who cannot. These are important distinctions to be made. Reasonable discussion of child care needs and federal policy implications cannot take place without them.

The failure to make proper distinctions carries over in the report's discussion of the various kinds of child care available. Though discussion of child care starts out with statements about the need for "more diverse and creative kinds of child care", it ends by dividing all child care into two kinds, licensed and unlicensed. Failure to make any distinction between the various kinds of unlicensed care has led the framers of the Report to make some almost amusing statements. For example:

> In Utah, Clow indicated that 80 percent of child care is still provided "underground" in unlicensed care. (p. 40)

What exactly is meant by "underground"? Anything unlicensed? It seems so. Therefore, Utah mothers are going "underground" when they leave their children with grandmothers, aunts, or close neighbors. They "go legit", it would seem, only when they choose a licensed, i.e., government regulated, "child care slot" for their young ones. To those of us familiar with the strong families and close, caring communities to be found in Utah, it is no wonder that so many Utah mothers would choose unlicensed care. We only wish more mothers had the opportunity for such a choice.

IV—FAILURE TO ADDRESS THE REAL ISSUES

The preceding criticizes the method used by the Majority rather then their perception and understanding of issues. If there were more time for a point-by-point reply to their views, we would surely make it. For on a number of issues the Majority has latched on to some single aspect of the problem and effectively ignored its more important aspects. What else can explain the Report's treatment of the problems of divorce and out-of-wedlock pregnancy? It is not unfair to say that the Majority simply "dances around" these two subjects, discussing only those aspects of them which they can square with their own notions that the Federal government ought to be able to solve everyone's problems. There is no discussion of the devastating effects which out-of-wedlock pregnancy has on society as a whole or on any part of it. The adverse effects of divorce on children are minimized by placing them in the context of a broader discussion of the "emotional absence" of fathers from their children. Though no one will argue with the fact that, in some families, children "may spend even more quality time with (their fathers) than they did prior to the divorce" (p. 21), few will find this fact to be significant, especially when compared to the overwhelming evidence of the real abandonment of so many more children by their fathers.

Another failure to address a problem in its entirety is found in Chapter 11, on Juvenile Justice, which starts by asking the question, *Why Do We Lock Them Up?*, and then never makes any serious attempt to answer the question. One might search in vain for the information that 40 percent of all serious crimes are committed by juveniles, and that somewhere between 5 and 10 percent of the juvenile population are committing about 80 percent of those crimes.

In the discussion of child care, the Minority has raised serious questions about the effects of removing children from their homes and parents during the first few years of their lives. Again, these questions are not even considered in the Majority Report which concentrates exclusively on numbers and types of child care, without asking what is best for the children involved.

Finally, there is the more general question which the Majority consistently fails to ask, but which must be discussed and answered if we are to be able to make wise decisions regarding federal policy: To what extent do certain programs of the federal government exacerbate the very problems they try to solve, or create new problems, by treating only the symptoms of those problems rather than the causes? Again, the Majority fails to look beyond the surface.

V—CONCLUSION

Throughout the year and culminating in the *Report,* the Majority has acted in a high-handed manner. They have attempted to dictate what issues will be discussed. They have stifled Minority witnesses and viewpoints on those issues. They have even attempted to abridge the Minority's rights under the Rules of the House to call witnesses. In debating issues they have attempted to limit discussion to those facets which promote a larger role for the federal government in every area of family life. At the same time they have been unwilling to ask simple questions about the effects of that federal activity on families and children. In effect, the Majority has attempted to use this Committee as a forum for their political views, rather than making an honest attempt to investigate and address the problems of children and families in America.

We had hoped that this Committee would be bi-partisan in its approach. We are willing to work in that spirit, but we have not seen an equal willingness on the part of the Majority during the past year. Even minor requests for changes in the Majority Report, for instance, were rejected with the proxy votes of absent Members without debate on the substance of our suggestions.

These attitudes on the part of the Majority are not simply a disservice to us, they are a disservice to the children and families of America. We hope those attitudes will change.

DAN COATS.
FRANK R. WOLF.
DAN BURTON.
THOMAS J. BLILEY, Jr.
BARBARA F. VUCANOVICH.

ADDITIONAL VIEWS OF HON. JOHN R. McKERNAN, JR.

First, I would like to commend Chairman Miller, Ranking Minority Member Congressman Marriott, the Select Committee staff, and all of the citizens who have testified before the Committee for their hard work over the past year which has led us to this year-end report of the House Select Committee on Children, Youth and Families.

The Select Committee was charged by Congress on February 2, 1983 with the responsibility of: (1) conducting a continuing comprehensive study and review of the problems of children, youth and families; (2) studying the use of all practicable means and methods of encouraging the development of public and private programs and policies which will assist American children and youth in taking a full part in national life and becoming productive citizens; and (3) developing policies that would encourage the coordination of both governmental and private programs designed to address the problems of childhood and adolescence.

This year-end report is intended to detail the Committee's past year of accomplishments toward answering this first charge. This compilation of information from child advocates, professionals and kids themselves, would have been most appropriately presented with a bi-partisan spirit. The differences within our Committee are differences which exist among the witnesses who have testified before us and, in fact, which exist among the citizens of our nation. Even given these differences, I am disappointed that we have failed to agree on the most basic terms—on the substance of what we have heard from people across the United States over the past year. If we can't join together in identifying the problems, then the prospects for this Committee working together to develop answers for America's children are significantly diminished.

Both the Majority report and the Minority views of the report raise points—and draw conclusions—with which I agree. The Minority, for example, correctly point to the changing composition of the family as a contributor to the decreasing responsiveness of federal programs to the needs of families and children. When federal programs were first developed, it could not have been envisioned that there would one day be so many two-earner families or so many single female-headed households living in, or on the brink of, poverty. Similarly, in its list of "Committee Findings", the Majority also discusses demographic changes and the composition of the family.

Both the Majority and Minority also identify and discuss the risks and consequences of teenage pregnancy. We have learned that teenage pregnancy carries with it health risks to the mother and child and increases in the chance of delivering a low birth weight baby, heightening the likelihood that both mother and child will tumble into a cycle of poverty and government assistance.

Both reports also focus on the importance of parents and the family in child development, and both reports discuss the issue of child abuse and domestic violence. Where issues of concern to me appear in one report and not the other, it is an unfortunate consequence of the Committee not preparing the year-end report as a joint effort. Following my comments, I am including some information prepared for me by my Maine Task Force on Children, Youth and Families, a strongly bi-partisan group of individuals with a broad range of experiences and interests. In a compilation of the work of the group thus far, analyzing both the problems facing children and the community environment from which these problems stem, the group has developed a preamble and a list of "fundamental questions". A great deal of work and compromise has gone into this report. I believe that we can learn from the Task Force's ability to hammer out an agreement, as well as from the information which is imparted in this excerpt.

JOHN R. MCKERNAN, Jr.

PREAMBLE

The nature and function of America's families have changed in the last several years and are continuing to change. The family is a dynamic unit that responds to the world around it, and our world is changing at an incredible rate. Traditional ideals, values and authority are being challenged and have yet to be replaced by any widely-accepted substitutes. New technology, new lifestyles and emerging social issues, such as feminism and the environment, are affecting families in many ways. Society's institutions, such as schools, communities, the workplace and families, respond to cultural changes. These responses can either be based on the reality of what is actually happening or on the illusion of what used to be or what we wish would happen.

The Task Force has debated the extent to which the possibility of nuclear holocaust affects the daily lives and thinking of children, youth and families. It believes that man's recently acquired ability to annihilate himself does have an impact on the collective psychology, particularly in view of the recurrent puerile bellicosity of world leaders.

If the Federal Government seeks to strengthen families, these changes must be recognized by individuals, communities and government at all levels. Government does have a responsibility to its citizens and that responsibility must be defined based on facts not fiction. If government at all levels, including the Federal Government, is to meet its responsibility to America's families, it must develop legislation, programs and funding mechanisms which are responsive to the actual needs of its citizens.

INTRODUCTION

When Congressman John R. McKernan (Maine, 1st District) was appointed to the House Select Committee on Children, Youth and Families, he determined that a similar committee in Maine would be helpful to him. Consequently, he created a Task Force on Children, Youth and Families to advise him on issues of concern to Maine's children, youth and families. This bipartisan Task Force comprises educators, social-service providers, law enforcement representatives, planners, attorneys, doctors, ministers, volunteers and youth and represents both the urban and rural areas of Maine's First Congressional District.

The Task Force, which has been meeting on a regular basis since May, 1983, has concentrated its efforts in the area of prevention, since Congressman McKernan is a member of the Prevention Task Force of the Select Committee.

Before discussing specific issues, the Task Force developed a "Preamble" to serve as a framework for its efforts. In addition, the Task Force developed a list of fundamental questions which it believed should be addressed by the Select Committee. Both these items are included in this report. Also included are the results of the Task Force's efforts to date in the area of Prevention, a list of issues identified in the areas of Crisis Intervention and Economic Security in response to the other two task forces of the Select Committee and a list of the members of the Task Force.

The Task Force plans to explore a few of the prevention issues at some length and to develop recommendations to assist Congressman McKernan in his work as a member of the Select Committee. In addition, the Task Force hopes its recommendations will be of value to State and local governments.

Statisticians inform us that there is now approximately one divorce for every two marriages, both in Maine and throughout the nation. It is projected that one out of every two children born today will spend part of his or her childhood in a single-parent home. Many children today live much of their lives as members of stepfamilies. Substance abuse, spouse abuse, child abuse and sexual abuse are recognized as major national problems. The phenomenon of children raising children, resulting from teenage pregnancies and teenage mothers' decisions to raise their children, creates complex problems for the still immature parents, their children and society as a whole. Times have changed so drastically that some studies project that only seven percent of all families are what used to be known as "traditional" families, where the father is employed and the mother is at home caring for the children of that marriage.

The state of the economy has a pervasive impact on children, youth and families. One out of every ten working people now is unemployed, and the unemployment rate is much higher for youth, minorities and women. Families in which one or both of the breadwinners is unemployed have substantially greater instances of alcoholism, spouse abuse, child abuse, sexual abuse and divorce. The increased stress caused by unemployment often manifests itself in a breakdown of the physical, mental and/or emotional health of the worker and/or other family members.

Poverty exacerbates a wide range of problems, including such things as nutrition and health care, literacy and even unplanned pregnancies. Twenty percent of all American children now live in poverty, and the number has been rising steadily in recent years. Over half of all children who live in households headed by women are living in poverty. The National Advisory Council on Economic Opportunity has predicted that, "All other things being equal, if the proportion of the poor who are in female-headed families were to increase at the same rate as it did from 1967 to 1977, the poverty population would be composed solely of women and their children by about the year 2000."[1]

The changing relationship between Federal, State and local governments must be examined in light of these trends. New partnerships must be developed to ensure that the needs of our nation's children, youth and families are met.

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[1] *A Growing Crisis: Disadvantaged Women and Their Children.* United States Commission on Civil Rights, Clearinghouse Publication 78. May 1983 (p. 66).

FUNDAMENTAL QUESTIONS

Congressman McKernan's Task Force on Children, Youth, and Families, believes that there are some fundamental questions dealing with the role of the Federal Government in relation to children, youth and families. These questions must be addressed in order to assess the impact of current legislation and policies and to develop a coherent, consistent response to meeting the needs of America's children, youth and families. While the Task Force cannot catalogue all the questions which should be addressed by the Select Committee, it does offer the following ones as a starting point for the Committee's analysis.

1. What should be the role of the Federal Government in relation to State and local government in regard to children, youth and families?
2. Do existing Government programs and policies tend to enhance or damage family structures?
3. To what extent is the Government responsive to changes in the structure and function of the family in developing new programs and policies?
4. What can or should the Government do to assist youth in making a successful transition from childhood to adolescence to adulthood?
5. What is the role of schools? Should schools be educating children in only academic matters or should they be teaching family living skills? To what extent should schools provide custodial care and nurturance?
6. How can optimal health of children and adults be achieved?
7. What impact does unemployment have on children, youth and families?
8. Does financial assistance in its present form prevent family breakdown? Does it assist in the rehabilitation of troubled families? In what circumstances does it interfere with family rehabilitation? What other means besides financial assistance should the Federal Government pursue to support or rehabilitate troubled families?
9. What impact do changing lifestyles have on child development and family life?
10. Is due consideration being given to the needs of rural families in terms of legislative policy and allocation of resources?

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